

Name
in
Full

Infant Bean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

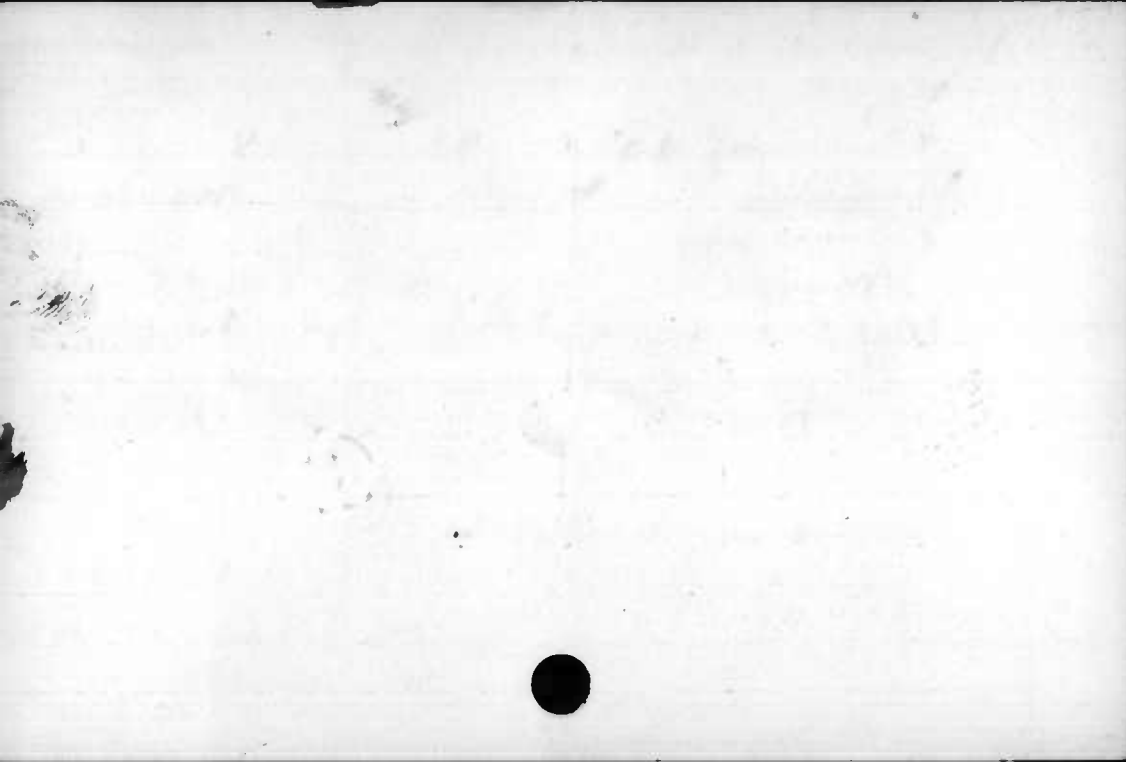
Died at Woodrow ^{Town}		Prince George ^{County}		MARYLAND	
Date of death 1908	Month 3	Day 25	Age —	Years —	Months —
Sex male	Color or Race white		Birth-place md		
Occupation none		Where Residing if not at place of death			
Married, Single Single		Name of Wife or Husband			
Father's Name William O'Bean		Father's Birthplace md			
Mother's Maiden Name Clara Brown		Mother's Birthplace md			
Name of person giving information William O'Bean		How related to deceased Father			

CAUSES OF DEATH

(5)

PHYSICIAN
OR CORONER

Primary Pressure on cord	How long —
Immediate Still Born	How long —
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician John E. Sanchumy
	Address Forestville
Accident or Suicide? neither	md



Name
in
Full

Henrietta A Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

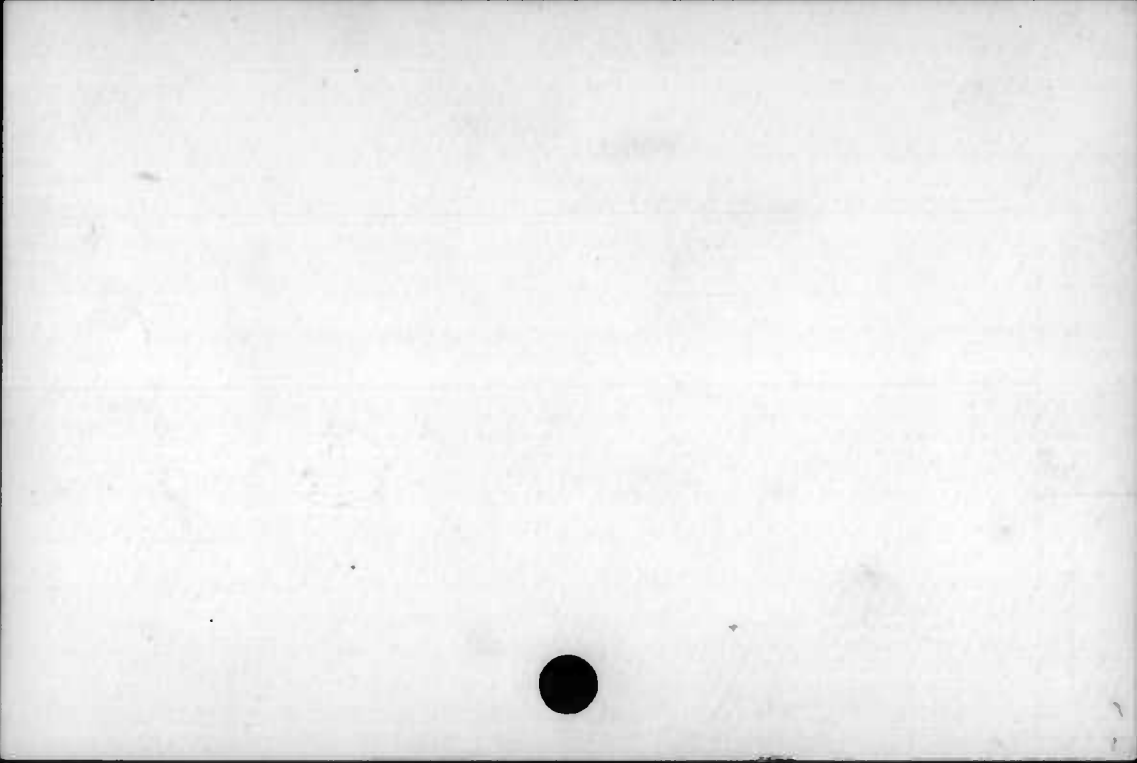
Died at <i>Hyattsville</i>		Town <i>Pr Geo</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>March</i>	Day <i>20</i>	Age <i>70</i>	Years	Months <i>4</i>	Days <i>11</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>				
Occupation <i>house wife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>James E Butler</i>					
Father's Name <i>Michael Dawson</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Harriet Thompson</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>J E Butler</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long
Immediate <i>Lo grippe</i>	How long <i>13 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos E Chalmers M.D.</i>
<i>yes</i>	Address <i>Hyattsville Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James F. Brown

Died at

Clinton

Town

D.C.

County

MARYLAND

Date

of death

1908 March

Month

Day

10

Age

Years

4

Months

4

Days

Sex

male

Color or
Race

black

Birth-
place

red

Occupation

house

Where Residing if not
at place of death

at home

~~Married~~, Single
or WidowedName of Wife or
Husband

~~~~~

Father's  
Name

Thomas Brown

Father's  
Birthplace

red

Mother's  
Maiden Name

Lizzie Hunter

Mother's  
Birthplace

red

Name of person giving  
information

Louie Brown

How related  
to deceased

father

## CAUSES OF DEATH

10

Primary

La Grippe

How long

1 week

Immediate

Heart failure

How long

14 hours

Are the name, age, sex, color, date  
and place correctly given above?

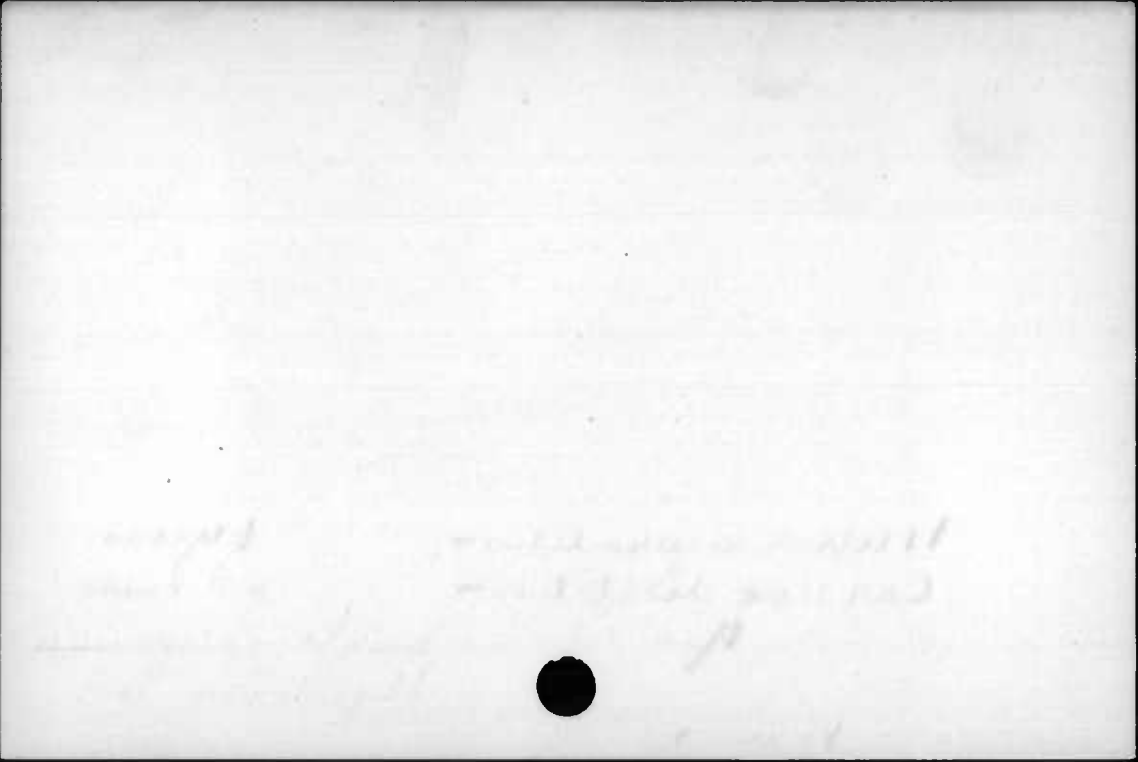
yes

Signature of  
Physician

Address

Jr. L. Waring  
Clinton

Accident or Suicide?



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name  
in  
Full

William J. Brown

CERTIFICATE OF DEATH

|                                                      |  |                                                 |                |                                            |           |            |              |
|------------------------------------------------------|--|-------------------------------------------------|----------------|--------------------------------------------|-----------|------------|--------------|
| Died at                                              |  | Town<br>Hyattsville                             |                | County<br>Prince George                    |           | MARYLAND   |              |
| Date<br>of death                                     |  | 1908                                            | Month<br>March | Day<br>11                                  | Age<br>74 | Years<br>2 | Months<br>22 |
| Sex<br>male                                          |  | Color or<br>Race<br>white                       |                | Birth-<br>place<br>N.Y. City               |           |            |              |
| Occupation<br>Retired merchant                       |  |                                                 |                | Where Residing if not<br>at place of death |           |            |              |
| Married, <del>Single</del><br>or <del>Widowed</del>  |  | Name of Wife or<br>Husband<br>Caroline E. Brown |                |                                            |           |            |              |
| Father's<br>Name<br>William Brown                    |  |                                                 |                | Father's<br>Birthplace<br>Unknown          |           |            |              |
| Mother's<br>Maiden Name<br>Juliet Wood               |  |                                                 |                | Mother's<br>Birthplace<br>N. Jersey        |           |            |              |
| Name of person giving<br>In formation<br>J M E Brown |  |                                                 |                | How related<br>to deceased<br>Son          |           |            |              |

CAUSES OF DEATH

79

|                                                                         |                      |                |          |
|-------------------------------------------------------------------------|----------------------|----------------|----------|
| Primary                                                                 | Mitral regurgitation | How long       | 6 years  |
| Immediate                                                               | Cardiac dilatation   | How long       | 48 hours |
| Are the name, age, sex, color, date<br>and place correctly given above? |                      | Yes            |          |
| Signature of<br>Physician                                               |                      | J M E Brown    |          |
| Address                                                                 |                      | Hyattsville Md |          |
| Accident or Suicide?                                                    |                      | Neither        |          |





Name  
in  
Full

## CERTIFICATE OF DEATH

Herman Butler

Died at *Silesia* Town *Prince George* County *MARYLAND*

Date of death *1908* Month *3* Day *1* Age *—* Years *—* Months *7* Days *—*

Sex *male* Color or Race *negro* Birth-place *Silesia*

Occupation *—* Where Residing if not at place of death *—*

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Unknown*Father's  
Birthplace*Unknown*Mother's  
Maiden Name*Mary Magdalene Butler*Mother's  
Birthplace*St. Mary's County*Name of person giving  
In formation*Clarence Edward Butler*How related  
to deceased*Uncle*

## CAUSES OF DEATH

93

Primary

*Pneumonia*

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

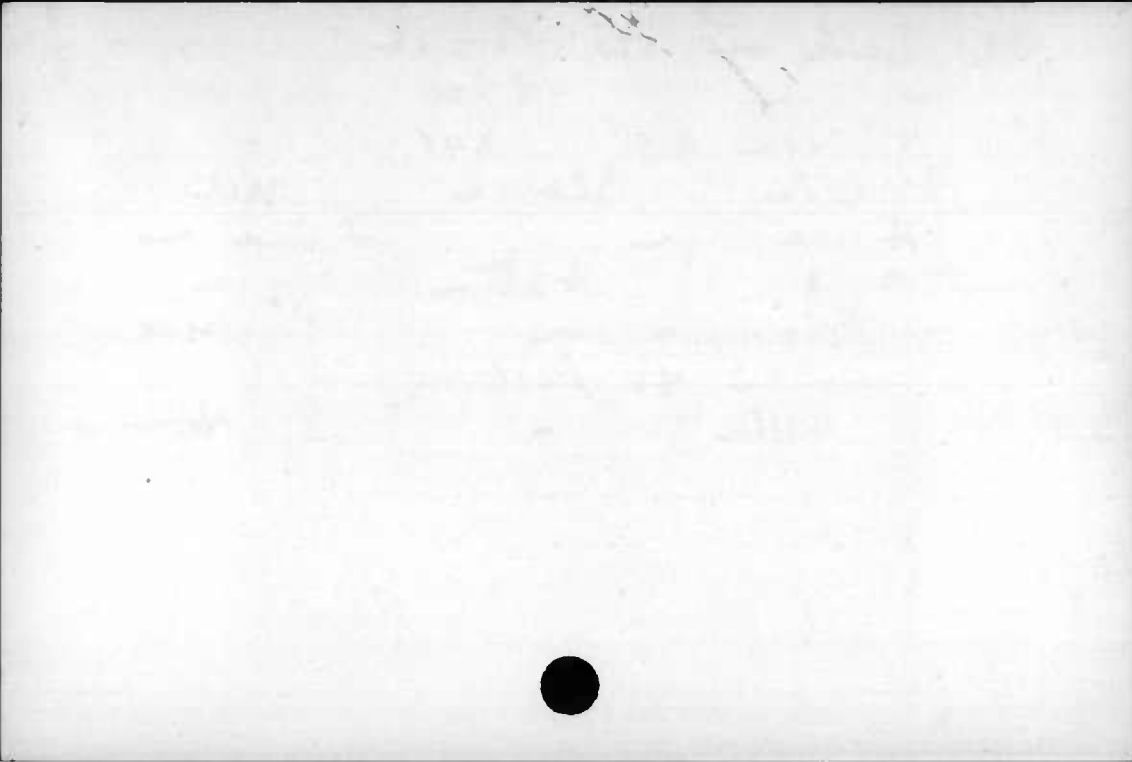
*No Physician was in attendance.*

Accident or Suicide?

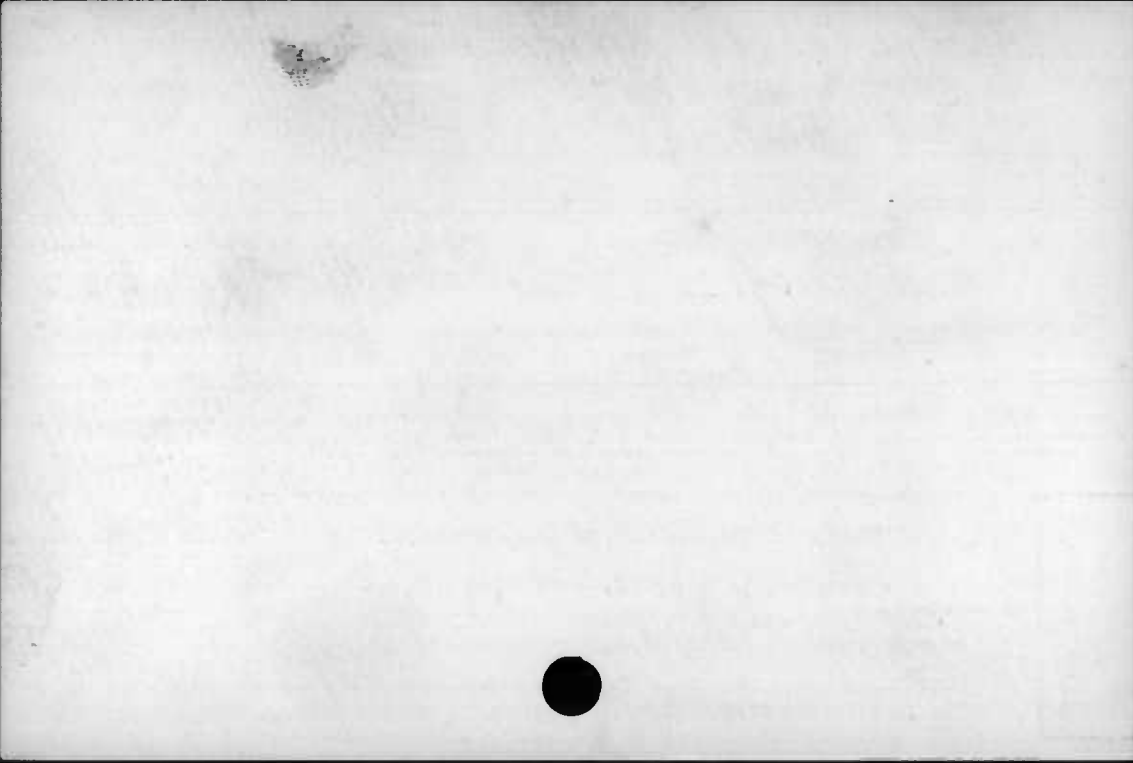
*E. S. Huff, Priestaway, Md.*  
*Local Board of Health*

LIBRARY BUREAU A6616

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



| Name<br>in<br>Full                                     |                                                                                 | Mariah L. Colver                                      |                    |                       |        | CERTIFICATE OF DEATH |          |
|--------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------|--------------------|-----------------------|--------|----------------------|----------|
| TO BE ANSWERED BY<br>NEAREST FRIEND                    | Died at <i>Lanham</i>                                                           |                                                       | Town <i>R. 520</i> |                       | County |                      | MARYLAND |
|                                                        | Date of death <i>1908</i>                                                       | Month <i>Mar</i>                                      | Day <i>29</i>      | Age <i>41</i>         | Years  | Months               | Days     |
|                                                        | Sex <i>Female</i>                                                               | Color or Race <i>Black</i>                            |                    | Birth-place <i>Md</i> |        |                      |          |
|                                                        | Occupation <i>House Wife</i>                                                    | Where Residing if not at place of death <i>Lanham</i> |                    |                       |        |                      |          |
|                                                        | Married, <i>2 yrs</i>                                                           | Name of Wife or Husband <i>Halter Colver</i>          |                    |                       |        |                      |          |
|                                                        | Father's Name <i>Elias Bacon</i>                                                | Father's Birthplace <i>Ma</i>                         |                    |                       |        |                      |          |
|                                                        | Mother's Maiden Name <i>Doele A. Jackson</i>                                    | Mother's Birthplace                                   |                    |                       |        |                      |          |
| Name of person giving information <i>Halter Colver</i> | How related to deceased <i>Husband</i>                                          |                                                       |                    |                       |        |                      |          |
| PHYSICIAN<br>OR CORONER                                | CAUSES OF DEATH                                                                 |                                                       |                    |                       |        |                      | (10)     |
|                                                        | Primary <i>La grippe</i>                                                        | How long <i>6 mrs</i>                                 |                    |                       |        |                      |          |
|                                                        | Immediate <i>measles</i>                                                        | How long <i>3 days</i>                                |                    |                       |        |                      |          |
|                                                        | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Dr. D. B. King</i>          |                    |                       |        |                      |          |
|                                                        |                                                                                 | Address <i>Lanham</i>                                 |                    |                       |        |                      |          |
| Accident or Suicide? <i>No</i>                         |                                                                                 |                                                       |                    |                       |        |                      |          |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

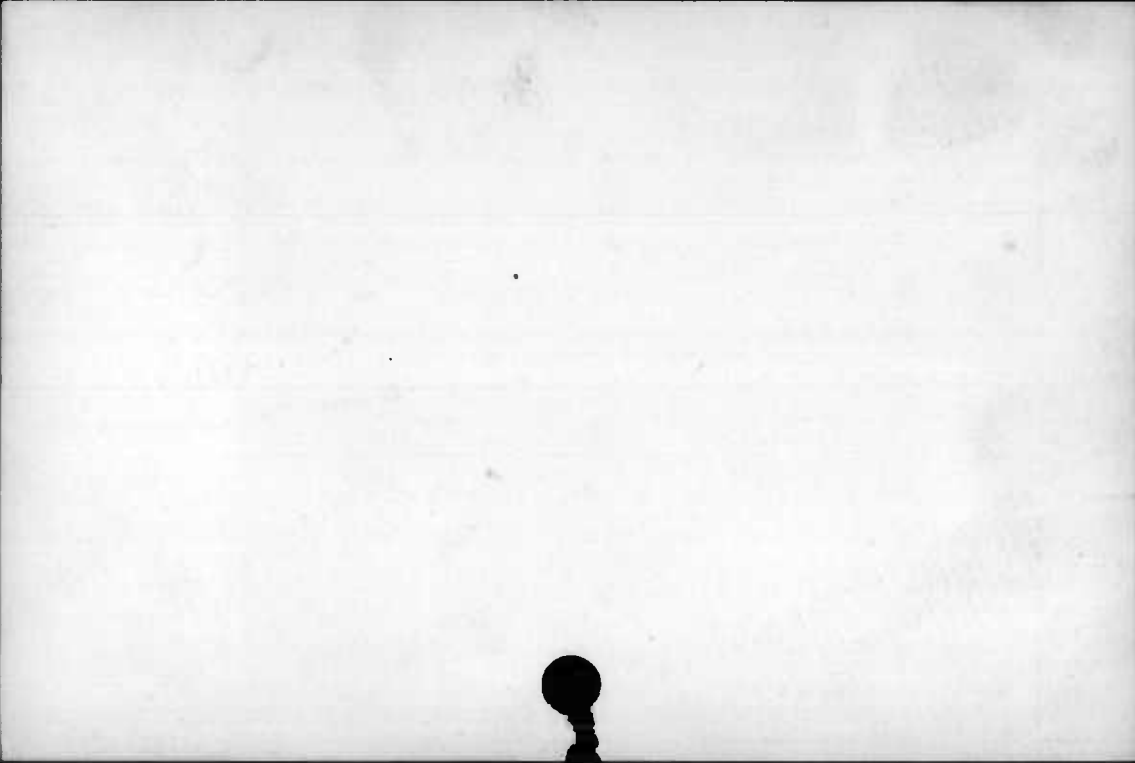
|                                                           |  |                                                       |  |                                  |  |                    |  |
|-----------------------------------------------------------|--|-------------------------------------------------------|--|----------------------------------|--|--------------------|--|
| Name in Full<br><i>Rebecca Hawkins Cornick</i>            |  | Town<br><i>Aquasco</i>                                |  | County<br><i>Pr. Geo.</i>        |  | MARYLAND           |  |
| Died at                                                   |  | Month<br><i>March</i>                                 |  | Day<br><i>28</i>                 |  | Years<br><i>72</i> |  |
| Date of death<br><i>1908</i>                              |  | Age<br><i>72</i>                                      |  | Months<br><i>—</i>               |  | Days<br><i>—</i>   |  |
| Sex<br><i>Female</i>                                      |  | Color or Race<br><i>White</i>                         |  | Birth-place<br><i>Aquasco Md</i> |  |                    |  |
| Occupation<br><i>Housewife</i>                            |  | Where Residing if not at place of death<br><i>—</i>   |  |                                  |  |                    |  |
| Married, Single or Widowed<br><i>Widow</i>                |  | Name of Wife or Husband<br><i>Chambers F. Cornick</i> |  |                                  |  |                    |  |
| Father's Name<br><i>Albert V. Scott</i>                   |  | Father's Birthplace<br><i>Aquasco Md</i>              |  |                                  |  |                    |  |
| Mother's Maiden Name<br><i>Elizabeth Bottery</i>          |  | Mother's Birthplace<br><i>Aquasco Md</i>              |  |                                  |  |                    |  |
| Name of person giving information<br><i>R. M. Cornick</i> |  | How related to deceased<br><i>Son</i>                 |  |                                  |  |                    |  |

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

|                                                                                    |  |                                                 |  |
|------------------------------------------------------------------------------------|--|-------------------------------------------------|--|
| Primary<br><i>Organic heart disease</i>                                            |  | How long<br><i>Two yrs.</i>                     |  |
| Immediate<br><i>Heart failure</i>                                                  |  | How long<br><i>24 hours.</i>                    |  |
| Are the name, age, sex, color, date and place correctly given above?<br><i>Yes</i> |  | Signature of Physician<br><i>H. M. T. Brown</i> |  |
| Address<br><i>Aquasco Md</i>                                                       |  | Accident or Suicide?<br><i>No.</i>              |  |



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

Samuel B. Cox

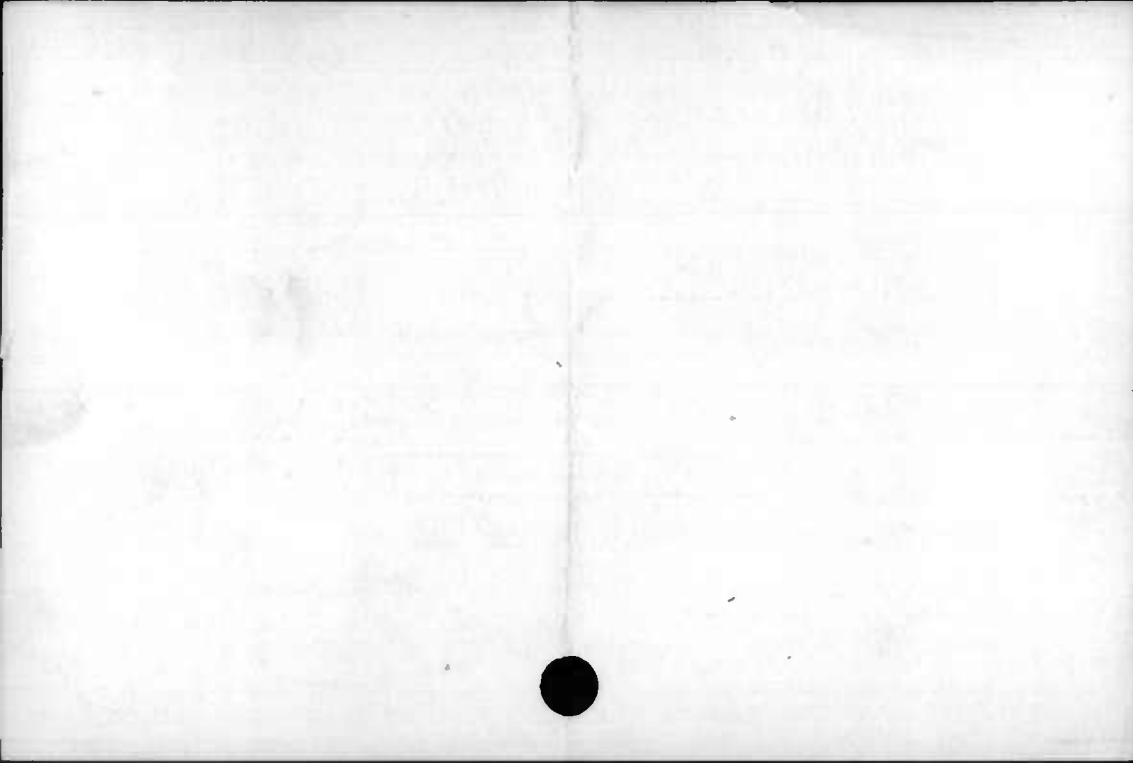
## CERTIFICATE OF DEATH

|                                                            |                                                             |                                     |                                |                           |                         |
|------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------|--------------------------------|---------------------------|-------------------------|
| Died at <i>Oxon Hill</i> <sup>Town</sup>                   |                                                             | <i>Prince Geo</i> <sup>County</sup> |                                | MARYLAND                  |                         |
| Date of death <i>1908</i>                                  | <i>March</i> <sup>Month</sup>                               | <i>30</i> <sup>Day</sup>            | Age <i>67</i> <sup>Years</sup> | <i></i> <sup>Months</sup> | <i></i> <sup>Days</sup> |
| Sex <i>Male</i>                                            | Color or Race <i>White</i>                                  |                                     | Birth-place <i>Maryland</i>    |                           |                         |
| Occupation <i>Farmer</i>                                   | Where Residing if not at place of death <i>Oxon Hill Md</i> |                                     |                                |                           |                         |
| Married, <del>Single</del><br><del>or Widowed</del>        | Name of Wife or Husband <i>Julia M. Cox</i>                 |                                     |                                |                           |                         |
| Father's Name <i>Agusta Cox</i>                            | Father's Birthplace <i>Md</i>                               |                                     |                                |                           |                         |
| Mother's Maiden Name <i>Catharon Thorn</i>                 | Mother's Birthplace <i>Md</i>                               |                                     |                                |                           |                         |
| Name of person giving information <i>Samuel B. Cox Jr.</i> | How related to deceased <i>Son</i>                          |                                     |                                |                           |                         |

## CAUSES OF DEATH

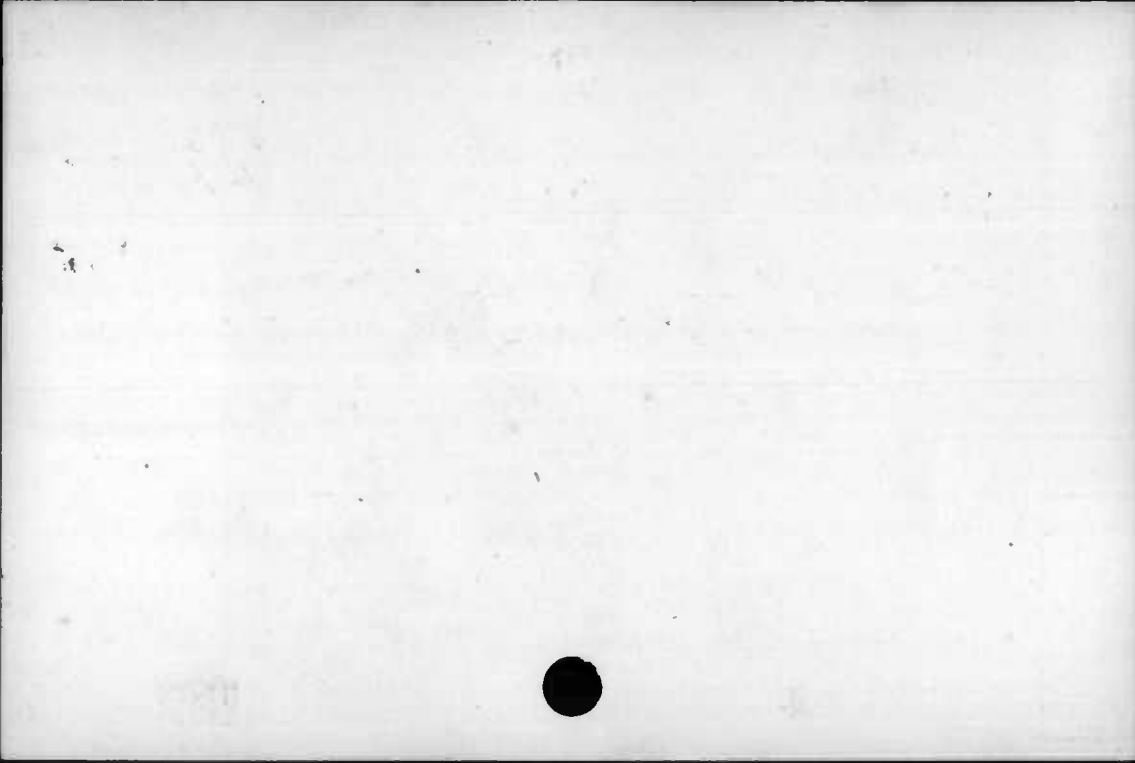
123

|                                                                                 |                                                 |
|---------------------------------------------------------------------------------|-------------------------------------------------|
| Primary <i>Chronic Cystitis &amp; gravel</i>                                    | How long <i>5 years</i>                         |
| Immediate <i>Asthma</i>                                                         | How long <i>1 week</i>                          |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>J. M. Parker M.D.</i> |
|                                                                                 | Address <i>Congress Heights D.C.</i>            |
| Accident or Suicide?                                                            |                                                 |

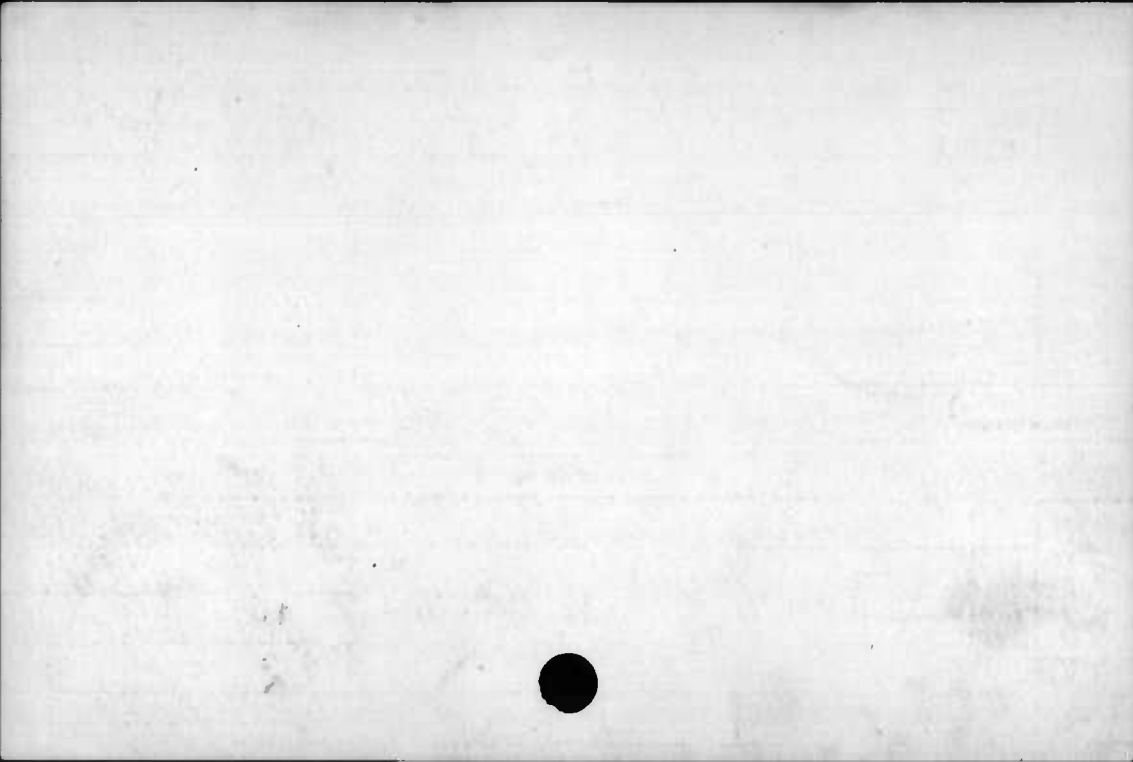




| Name in Full                        |  | Town                                                                 |  |                   |       | County                                  |                 | CERTIFICATE OF DEATH |                         |             |     |        |      |
|-------------------------------------|--|----------------------------------------------------------------------|--|-------------------|-------|-----------------------------------------|-----------------|----------------------|-------------------------|-------------|-----|--------|------|
| TO BE ANSWERED BY<br>NEAREST FRIEND |  | Died at                                                              |  | Laurel            |       | PG                                      |                 | MARYLAND             |                         |             |     |        |      |
|                                     |  | Date of death                                                        |  | 1908              | Month | May                                     | Day             | 26                   | Age                     | Years       | 59  | Months | Days |
|                                     |  | Sex                                                                  |  | Male              |       | Color or Race                           |                 | White                |                         | Birth-place |     | and    |      |
|                                     |  | Occupation                                                           |  | Carpenter         |       | Where Residing if not at place of death |                 |                      |                         |             |     |        |      |
|                                     |  | Married, Single or Widowed                                           |  | Single            |       | Name of Wife or Husband                 |                 | Elizabeth Crandall   |                         |             |     |        |      |
|                                     |  | Father's Name                                                        |  | James A. Crandall |       |                                         |                 |                      | Father's Birthplace     |             |     |        |      |
|                                     |  | Mother's Maiden Name                                                 |  | Mary Threlton     |       |                                         |                 |                      | Mother's Birthplace     |             | and |        |      |
|                                     |  | Name of person giving information                                    |  |                   |       |                                         |                 |                      | How related to deceased |             |     |        |      |
| PHYSICIAN<br>OR CORONER             |  | CAUSES OF DEATH                                                      |  |                   |       |                                         |                 |                      |                         |             |     |        |      |
|                                     |  | Primary                                                              |  |                   |       |                                         | Tuberculosis    |                      |                         |             |     |        |      |
|                                     |  | Immediate                                                            |  |                   |       |                                         |                 |                      |                         |             |     |        |      |
|                                     |  | Are the name, age, sex, color, date and place correctly given above? |  |                   |       |                                         | yes             |                      |                         |             |     |        |      |
|                                     |  | Signature of Physician                                               |  |                   |       |                                         | Dr. R. R. Roney |                      |                         |             |     |        |      |
|                                     |  | Address                                                              |  |                   |       |                                         | Laurel, Md.     |                      |                         |             |     |        |      |
|                                     |  | Accident or Suicide?                                                 |  |                   |       |                                         |                 |                      |                         |             |     |        |      |



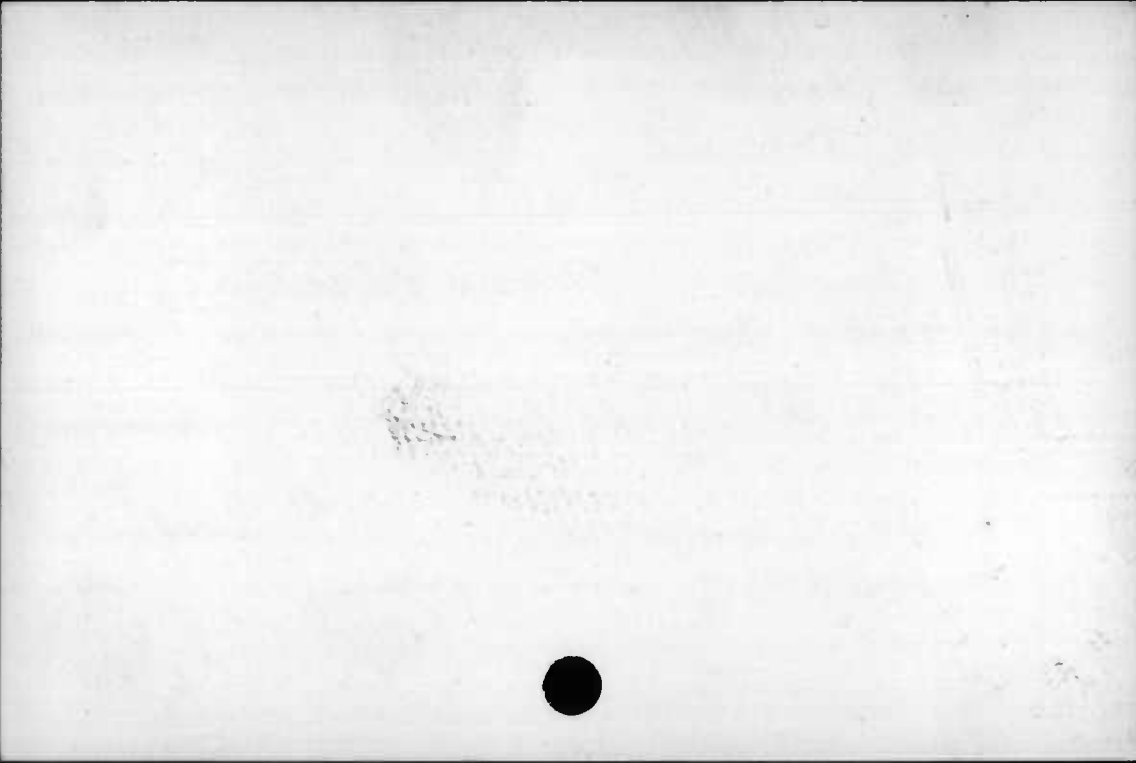
| Name in Full                        |                                                                                 | Mary Annie Daniels |                                                   |              |                              | CERTIFICATE OF DEATH |                  |
|-------------------------------------|---------------------------------------------------------------------------------|--------------------|---------------------------------------------------|--------------|------------------------------|----------------------|------------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND | Died at, <i>Ninestown</i>                                                       |                    | Town                                              |              | <i>Prince Georges</i>        |                      | County           |
|                                     | Date of death <i>1908</i>                                                       |                    | Month <i>March</i>                                | Day <i>8</i> | Age <i>26</i>                | Years <i>6</i>       | Months <i>26</i> |
|                                     | Sex <i>Female</i>                                                               |                    | Color or Race <i>Black</i>                        |              | Birth-place <i>Ninestown</i> |                      |                  |
|                                     | Occupation <i>Infant</i>                                                        |                    | Where Residing if not at place of death <i>"</i>  |              |                              |                      |                  |
|                                     | Married, Single or Widowed <i>Widowed</i>                                       |                    | Name of Wife or Husband <i>und married Infant</i> |              |                              |                      |                  |
|                                     | Father's Name <i>Herman Daniels</i>                                             |                    | Father's Birthplace <i>Maryland</i>               |              |                              |                      |                  |
|                                     | Mother's Maiden Name <i>Sau Carroll</i>                                         |                    | Mother's Birthplace <i>"</i>                      |              |                              |                      |                  |
|                                     | Name of person giving information <i>Herman Daniels</i>                         |                    | How related to deceased <i>Father</i>             |              |                              |                      |                  |
| CAUSES OF DEATH                     |                                                                                 |                    |                                                   |              |                              |                      |                  |
| PHYSICIAN<br>OR CORONER             | Primary <i>Convulsion</i>                                                       |                    | How long <i>3 hours</i>                           |              |                              |                      |                  |
|                                     | Immediate                                                                       |                    | How long                                          |              |                              |                      |                  |
|                                     | Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> |                    | Signature of Physician <i>Benjamin H. Brown</i>   |              |                              |                      |                  |
|                                     |                                                                                 |                    | Address <i>acting coroner Seabrook Md</i>         |              |                              |                      |                  |
|                                     | Accident or Suicide?                                                            |                    |                                                   |              |                              |                      |                  |



| Name in Full                        |                                                                      | Howard Soper Honglas.   |                              |                                         |                         | CERTIFICATE OF DEATH |             |
|-------------------------------------|----------------------------------------------------------------------|-------------------------|------------------------------|-----------------------------------------|-------------------------|----------------------|-------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND | Died at                                                              | Chilton                 |                              | D.C.                                    |                         | MARYLAND             |             |
|                                     | Date of death                                                        | 1908                    | Month                        | May                                     | Day                     | 29                   | Age         |
|                                     | Sex                                                                  | male                    |                              | Color or Race                           | Black                   |                      | Birth-place |
|                                     | Occupation                                                           | None                    |                              | Where Residing if not at place of death |                         |                      |             |
|                                     | Married, Single or Widowed                                           | Name of Wife or Husband |                              |                                         |                         |                      |             |
|                                     | Father's Name                                                        | Sam Honglas             |                              |                                         |                         | Father's Birthplace  | md.         |
|                                     | Mother's Maiden Name                                                 | Mabel Brown             |                              |                                         |                         | Mother's Birthplace  | md.         |
| Name of person giving information   | Sam. Honglas                                                         |                         |                              |                                         | How related to deceased | Father               |             |
| CAUSES OF DEATH                     |                                                                      |                         |                              |                                         |                         |                      |             |
| PHYSICIAN<br>OR CORONER             | Primary                                                              | Whooping Cough.         |                              |                                         |                         |                      |             |
|                                     | Immediate                                                            | Convulsions.            |                              |                                         |                         |                      |             |
|                                     | Are the name, age, sex, color, date and place correctly given above? |                         | Signature of Physician       |                                         | How long                |                      |             |
|                                     |                                                                      |                         | Address                      |                                         | How long                |                      |             |
|                                     | Accident or Suicide?                                                 |                         | J. L. Waring M.D.<br>Chilton |                                         |                         |                      |             |



| Name<br>in Full                                                              |  | John Morris Duvall                                |              |                    |          | CERTIFICATE OF DEATH |             |
|------------------------------------------------------------------------------|--|---------------------------------------------------|--------------|--------------------|----------|----------------------|-------------|
| Died at                                                                      |  | Town<br>Laurel                                    |              | County<br>Prin Geo |          | MARYLAND             |             |
| Date of death                                                                |  | 1908                                              | Month<br>Mar | Day<br>23          | Age<br>9 | Years<br>11          | Months<br>4 |
| Sex<br>Male                                                                  |  | Color or Race<br>White                            |              | Birth-place<br>Md  |          |                      |             |
| Occupation<br>None                                                           |  | Where Residing if not at place of death<br>Laurel |              |                    |          |                      |             |
| Married, Single or Widowed<br>Boy                                            |  | Name of Wife or Husband<br>None                   |              |                    |          |                      |             |
| Father's Name<br>George Duvall                                               |  | Father's Birthplace<br>Md                         |              |                    |          |                      |             |
| Mother's Maiden Name<br>Ella Bartley                                         |  | Mother's Birthplace<br>Ma                         |              |                    |          |                      |             |
| Name of person giving information<br>Mr Bartley                              |  | How related to deceased<br>Uncle                  |              |                    |          |                      |             |
| CAUSES OF DEATH                                                              |  |                                                   |              |                    |          |                      |             |
| Primary<br>Acute Alcoholism                                                  |  | How long<br>18 hours.                             |              |                    |          |                      |             |
| Immediate<br>Heart Failure                                                   |  | How long<br>2 hours.                              |              |                    |          |                      |             |
| Are the name, age, sex, color, date and place correctly given above?<br>yes. |  | Signature of Physician<br>R. C. Horley            |              |                    |          |                      |             |
|                                                                              |  | Address<br>Laurel Md.                             |              |                    |          |                      |             |
| Accident or Suicide?<br>Accident                                             |  |                                                   |              |                    |          |                      |             |





Name  
in  
Full

May Ella Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

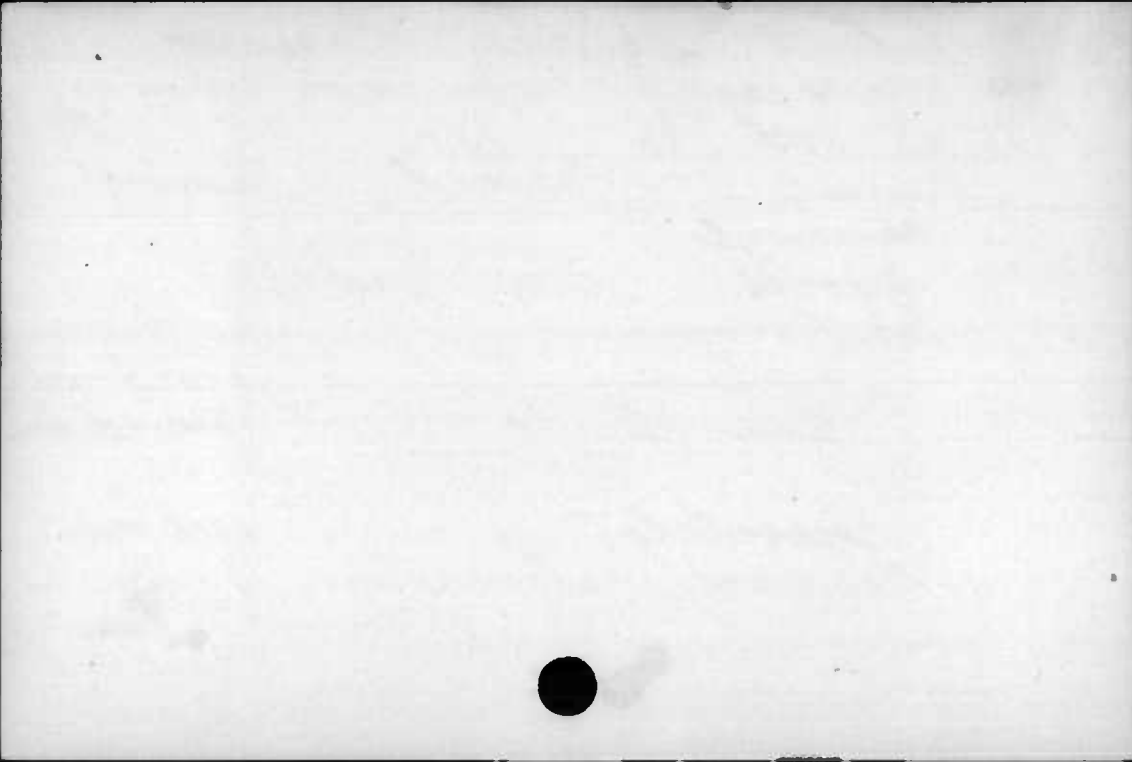
|                                           |                                                         |                                                  |                                        |          |      |
|-------------------------------------------|---------------------------------------------------------|--------------------------------------------------|----------------------------------------|----------|------|
| Died at <i>Westphalia</i> Town            |                                                         | County <i>Pr Geo</i>                             |                                        | MARYLAND |      |
| Date of death <i>1908</i>                 | Month <i>March</i>                                      | Day <i>20</i>                                    | Years <i>34</i>                        | Months   | Days |
| Sex <i>Female</i>                         | Color or Race <i>Black</i>                              |                                                  | Birth-place <i>P.O. Ga</i>             |          |      |
| Occupation <i>Housekeeper</i>             |                                                         | Where Residing if not at place of death <i>—</i> |                                        |          |      |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Abram Fletcher</i>           |                                                  |                                        |          |      |
| Father's Name <i>Philip M. Dyer</i>       | Father's Birthplace <i>P.O. Ga</i>                      |                                                  | Mother's Birthplace <i>Don't know</i>  |          |      |
| Mother's Maiden Name <i>— Don't know</i>  | Name of person giving information <i>Abram Fletcher</i> |                                                  | How related to deceased <i>Husband</i> |          |      |

CAUSES OF DEATH

135

PHYSICIAN  
OR CORONER

|                                                                      |                                             |
|----------------------------------------------------------------------|---------------------------------------------|
| Primary <i>Child birth</i>                                           | How long <i>Don't know</i>                  |
| Immediate <i>Stomach, I think, died when I arrived</i>               | How long <i>—</i>                           |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>L. B. Giffert</i> |
|                                                                      | Address <i>Upper Marlboro Md</i>            |
| Accident or Suicide?                                                 |                                             |



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

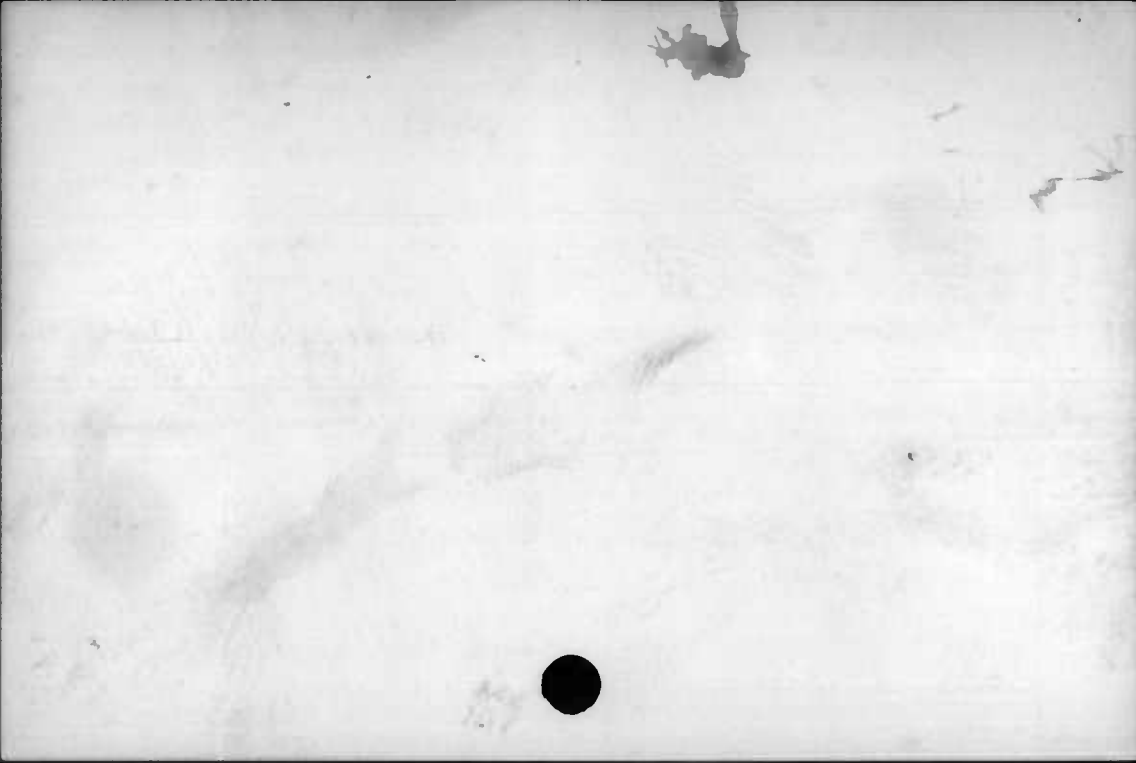
|                                                     |           |                         |            |
|-----------------------------------------------------|-----------|-------------------------|------------|
| Died at <i>Aquasco</i> Town <i>Pr. Geo's</i> County |           | MARYLAND                |            |
| Date of death                                       | 1908      | Month                   | March      |
|                                                     | Day       | 13                      | Age        |
|                                                     | Years     | 78                      | Months     |
|                                                     | Days      |                         |            |
| Sex                                                 | Female    | Color or Race           | Colored    |
| Occupation                                          | Housewife | Birth-place             | Maryland   |
| Where Residing if not at place of death             |           |                         |            |
| Married, Single or Widowed                          | Married   | Name of Wife or Husband | Alex Gross |
| Father's Name                                       | Unknown   | Father's Birthplace     | Unknown    |
| Mother's Maiden Name                                | Unknown   | Mother's Birthplace     | Unknown    |
| Name of person giving information                   | Geo Gross | How related to deceased | Grand son  |

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

|                                                                      |                  |                        |          |
|----------------------------------------------------------------------|------------------|------------------------|----------|
| Primary                                                              | Smelly -         | How long               | 100 yrs. |
| Immediate                                                            | Gradual Dyspnoea | How long               | 3 weeks  |
| Are the name, age, sex, color, date and place correctly given above? |                  | Signature of Physician |          |
|                                                                      |                  | Address                |          |
|                                                                      |                  | Aquasco                |          |
| Accident or Suicide?                                                 |                  | No                     |          |



Name  
in  
Full

No name Hall

## CERTIFICATE OF DEATH

MARYLAND

Died at Croom Town

Prince George County

Date of death 1908 March

5 Day

Age Years

Months

5 Days

Sex male

Color or Race colored

Birth-place Croom md.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Edward Hall

Father's Birthplace md

Mother's Maiden Name Mary Agnes Riggs

Mother's Birthplace md.

Name of person giving information John Riggs

How related to deceased grand father

## CAUSES OF DEATH

151

Primary Infantile weakness

How long 5 days

Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

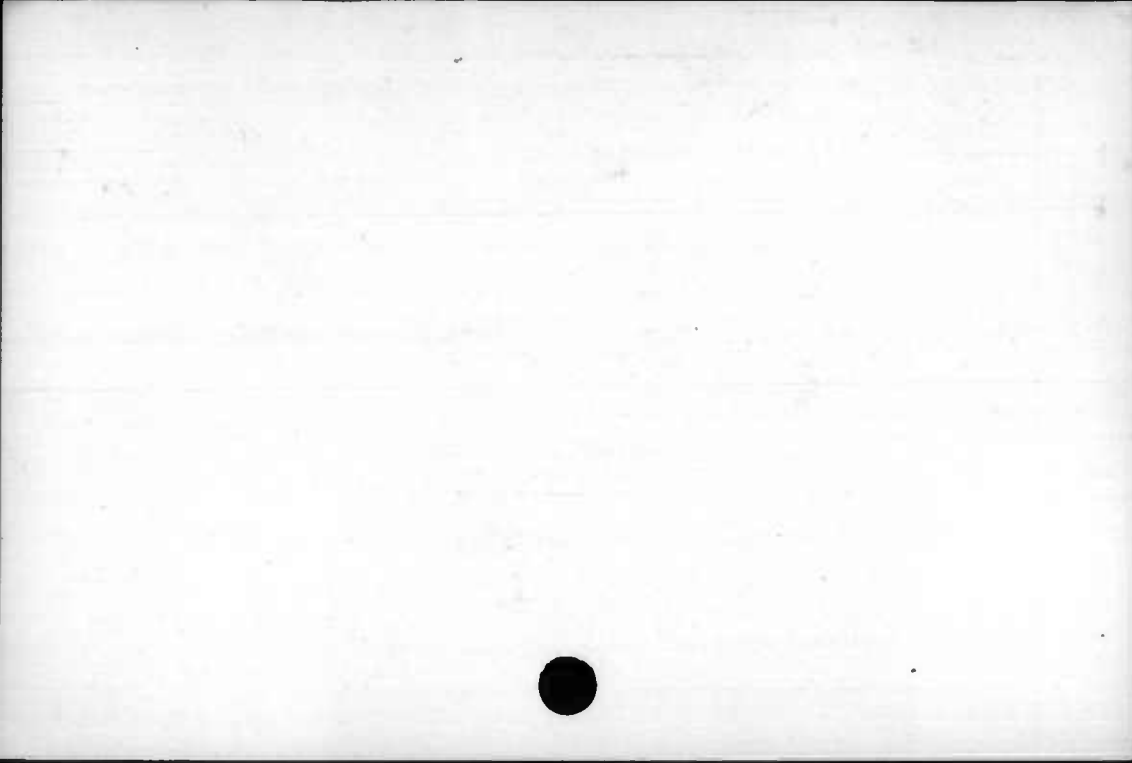
Address

Ernest W. Garner  
Ad coroner

Accident or Suicide?

Monticueys, md.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Samuel W. Hartsock.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                           |  |                                                       |                |                                            |           |            |                |
|-----------------------------------------------------------|--|-------------------------------------------------------|----------------|--------------------------------------------|-----------|------------|----------------|
| Died at                                                   |  | Town<br>near Laurel md                                |                | County<br>Laurel                           |           | MARYLAND   |                |
| Date<br>of death                                          |  | 1908                                                  | Month<br>March | Day<br>18                                  | Age<br>69 | Years<br>4 | Months<br>Days |
| Sex<br>male                                               |  | Color or<br>Race<br>white                             |                | Birth-<br>place<br>Steuken Co., N.Y.       |           |            |                |
| Occupation<br>clergyman                                   |  |                                                       |                | Where Residing if not<br>at place of death |           |            |                |
| Married, Single<br>or Widowed<br>married                  |  | Name of Wife or<br>Husband<br>Mary Elizabeth Hartsock |                |                                            |           |            |                |
| Father's<br>Name<br>Samuel Hartsock                       |  | Father's<br>Birthplace<br>Steuken Co., N.Y.           |                |                                            |           |            |                |
| Mother's<br>Maiden Name<br>Lydia Mitchell                 |  | Mother's<br>Birthplace<br>Lisaga Co. Penn.            |                |                                            |           |            |                |
| Name of person giving<br>information<br>J. Lewis Hartsock |  | How related<br>to deceased<br>Son                     |                |                                            |           |            |                |

CAUSES OF DEATH

112

PHYSICIAN  
OR CORONER

|                                                                         |                    |                  |        |
|-------------------------------------------------------------------------|--------------------|------------------|--------|
| Primary                                                                 | Cirrhosis of Liver | How long         | 2 yrs. |
| Immediate                                                               | Dropsy             | How long         | 3 mo.  |
| Are the name, age, sex, color, date<br>and place correctly given above? |                    | Yes              |        |
| Signature of<br>Physician                                               |                    | J. R. Hunt, M.D. |        |
| Address                                                                 |                    | Laurel Md        |        |
| Accident or Suicide?                                                    |                    |                  |        |





Name  
in  
Full

Milton Harkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                        |                            |                         |                     |                                                  |       |          |      |
|--------------------------------------------------------|----------------------------|-------------------------|---------------------|--------------------------------------------------|-------|----------|------|
| Died at <u>Clinton</u> Town                            |                            |                         | <u>P. G.</u> County |                                                  |       | MARYLAND |      |
| Date of death                                          | <u>1908</u>                | Month <u>March</u>      | Day <u>17</u>       | Age <u>2 yrs</u>                                 | Years | Months   | Days |
| Sex <u>male</u>                                        | Color or Race <u>black</u> |                         |                     | Birth-place <u>md</u>                            |       |          |      |
| Occupation <u>none</u>                                 |                            |                         |                     | Where Residing if not at place of death <u>-</u> |       |          |      |
| Married, Single or Widowed <u>single</u>               |                            | Name of Wife or Husband |                     |                                                  |       |          |      |
| Father's Name <u>James Harkins</u>                     |                            |                         |                     | Father's Birthplace <u>md</u>                    |       |          |      |
| Mother's Maiden Name <u>Jackson</u>                    |                            |                         |                     | Mother's Birthplace <u>unknown</u>               |       |          |      |
| Name of person giving information <u>James Harkins</u> |                            |                         |                     | How related to deceased <u>father</u>            |       |          |      |

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

|                                                                      |                                                 |
|----------------------------------------------------------------------|-------------------------------------------------|
| Primary <u>Whooping Cough</u>                                        | How long <u>18 days</u>                         |
| Immediate <u>Convulsions</u>                                         | How long                                        |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>J. L. Waring M.D.</u> |
|                                                                      | Address <u>Clinton md</u>                       |
| Accident or Suicide?                                                 |                                                 |



Name  
in  
Full

Wm H. Henson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                         |                  |                           |               |                         |          |
|-----------------------------------------|------------------|---------------------------|---------------|-------------------------|----------|
| Died at <i>New Glatz</i>                |                  | County <i>Prince Geo.</i> |               | MARYLAND                |          |
| Date of death                           | 1908             | Month                     | March         | Day                     | 6        |
| Sex                                     | Male             | Color or Race             | Colored       | Years                   | 5        |
| Occupation                              | Child            | Birth-place               | M-d           | Months                  |          |
| Where Residing if not at place of death |                  |                           | New Glatz M-d |                         |          |
| Married, Single or Widowed              |                  | Name of Wife or Husband   |               |                         |          |
| Father's Name                           | Frederick Henson |                           |               | Father's Birthplace     | Maryland |
| Mother's Maiden Name                    | Maria L Gross    |                           |               | Mother's Birthplace     | M-d      |
| Name of person giving information       | Frederick Henson |                           |               | How related to deceased | Father   |

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

|                                                                      |             |                        |                       |
|----------------------------------------------------------------------|-------------|------------------------|-----------------------|
| Primary                                                              | Pneumonia   | How long               | one week              |
| Immediate                                                            | Commissions | How long               | 2 hours               |
| Are the name, age, sex, color, date and place correctly given above? |             | Signature of Physician | J. M. Parker M-d      |
|                                                                      |             | Address                | Congress Heights D.C. |
| Accident or Suicide?                                                 |             |                        |                       |

13

1



Name  
in  
Full

Henrietta Holliday

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Chilton Town P. es County

Date of death 1908 Month March Day 20 Age 68 Months Days

Sex Female Color or Race Black Birth-place md.

Occupation None Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband Jos. Holliday

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Chas. Holliday How related to deceased Son

CAUSES OF DEATH

77

PHYSICIAN  
OR CORONER

Primary Myxema pericarditis How long 6 wks

Immediate Heart failure How long 4 hrs

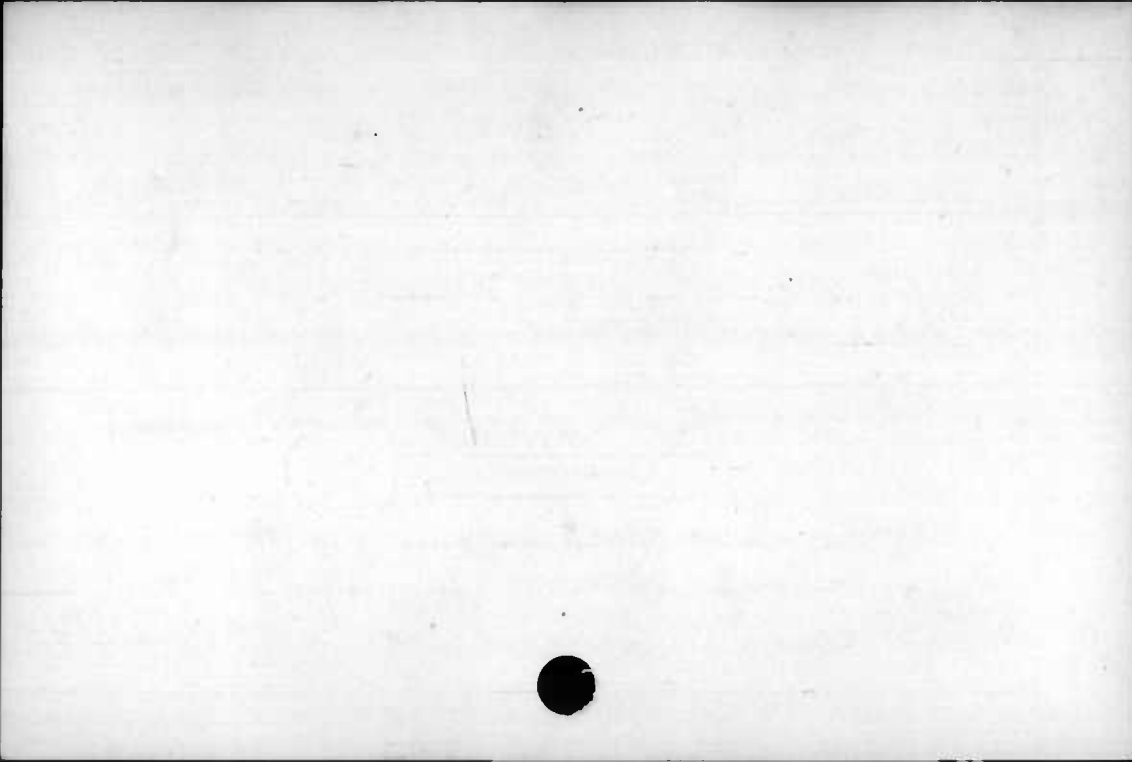
Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address

J. L. Haring M.D.  
Chilton,  
md.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Sarah Jane Hollyday

Town

County

MARYLAND

Died at *New Brandywine**Prince George*

Date

of death 1908

Month

*Mar.*

Day

*9*

Years

*0*

Age

Months

*4*

Days

*9*

Sex

*Female*Color or  
Race*Colored*Birth-  
place*Near Brandywine*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*John L. Hollyday*Father's  
Birthplace*Near Brandywine*Mother's  
Maiden Name*Hattie Greenleaf*Mother's  
Birthplace*North Key*Name of person giving  
In formation*John L. Hollyday*How related  
to deceased*Father*

## CAUSES OF DEATH

167

Primary

*Extensive burns about body (heat)*

How long

*3 weeks*

Immediate

*Exhaustion*

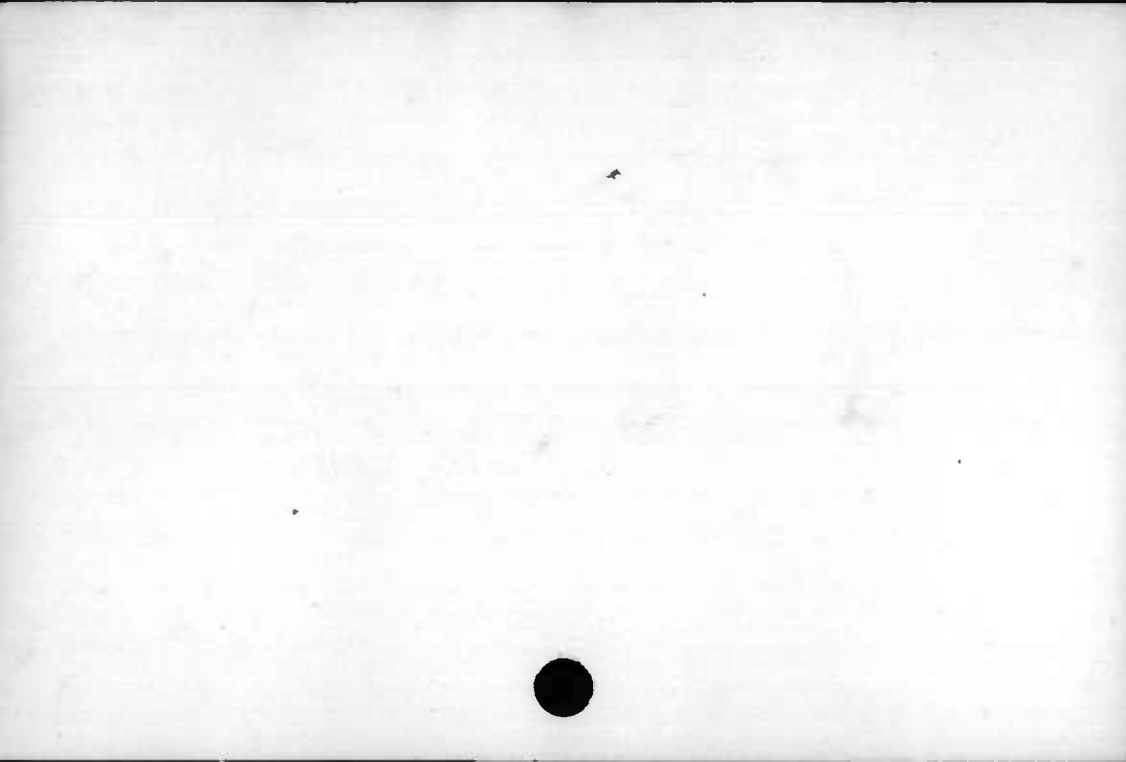
How long

*24 hours*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Irving D. Chauncey MD*

Address

*Baden,**Reges**Ind.*

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

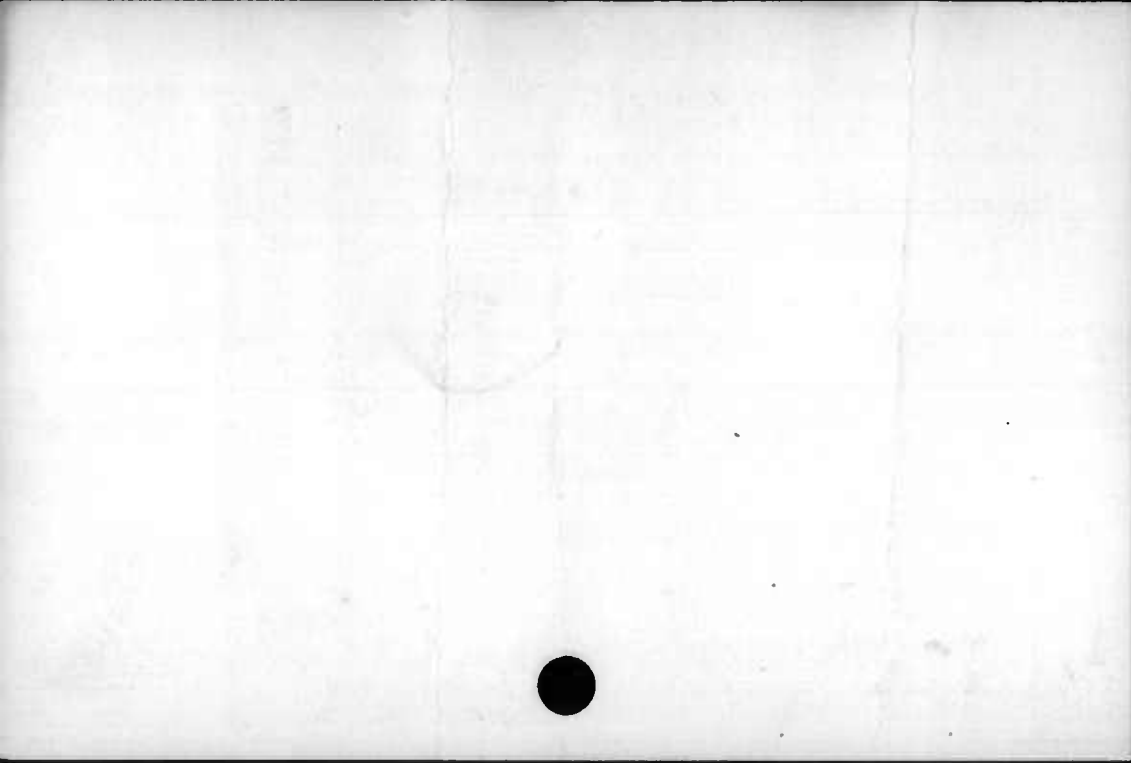
|                                                               |  |                                                                    |                 |                               |                    |
|---------------------------------------------------------------|--|--------------------------------------------------------------------|-----------------|-------------------------------|--------------------|
| Name<br><i>Maria Jackson</i>                                  |  | County<br><i>Prince George</i>                                     |                 | State<br><i>MARYLAND</i>      |                    |
| Died at<br><i>Near Bladensburg</i>                            |  | Town<br><i>Prince George</i>                                       |                 | City<br><i>Prince George</i>  |                    |
| Date<br>of death <i>1908</i>                                  |  | Month<br><i>March</i>                                              | Day<br><i>7</i> | Years<br><i>70</i>            | Months<br><i>4</i> |
| Sex<br><i>Female</i>                                          |  | Color or<br>Race<br><i>Colored</i>                                 |                 | Birth-<br>place<br><i>Md.</i> |                    |
| Occupation<br><i>Domestic</i>                                 |  | Where Residing if not<br>at place of death<br><i>Same as above</i> |                 |                               |                    |
| Married, Single<br>or Widowed<br><i>Widow</i>                 |  | Name of Wife or<br>Husband<br><i>Robert Jackson</i>                |                 |                               |                    |
| Father's<br>Name<br><i>Henry Thomas</i>                       |  | Father's<br>Birthplace<br><i>Marlboro Md</i>                       |                 |                               |                    |
| Mother's<br>Maiden Name<br><i>Rhoda Thomas</i>                |  | Mother's<br>Birthplace<br><i>Marlboro Md</i>                       |                 |                               |                    |
| Name of person giving<br>information<br><i>Louisa Gardner</i> |  | How related<br>to deceased<br><i>Daughter</i>                      |                 |                               |                    |

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

|                                                                                                                                                      |                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Primary<br><i>Grippe followed by Severe Cold</i>                                                                                                     | How long<br><i>Several weeks</i>                        |
| Immediate<br><i>Pneumonia</i>                                                                                                                        | How long<br><i>Seven days</i>                           |
| Are the name, age, sex, color, date<br>and place correctly given above?<br><i>Age is uncertain but to the best of my judgment 70 is about right.</i> | Signature of<br>Physician<br><i>C. W. Burdette M.D.</i> |
| Accident or Suicide?<br><i>no</i>                                                                                                                    | Address<br><i>Hyattsville, Md.</i>                      |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *James Edward Jennifer*

Town *Broad Creek* County *Pr Geo*

Died at *Broad Creek Pr Geo*

Date of death *1908* Month *3* Day *11* Age *7* Years Months *—* Days *—*

Sex *male* Color or Race *Colored* Birth-place *Md.*

Occupation *School* Where Residing if not at place of death *Home*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Lewis Jennifer* Father's Birthplace *Md.*

Mother's Maiden Name *Lena Johnson* Mother's Birthplace *Md.*

Name of person giving information *Lewis Jennifer* How related to deceased *Father*

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary *Broncho-Pneumonia* How long *4 weeks*

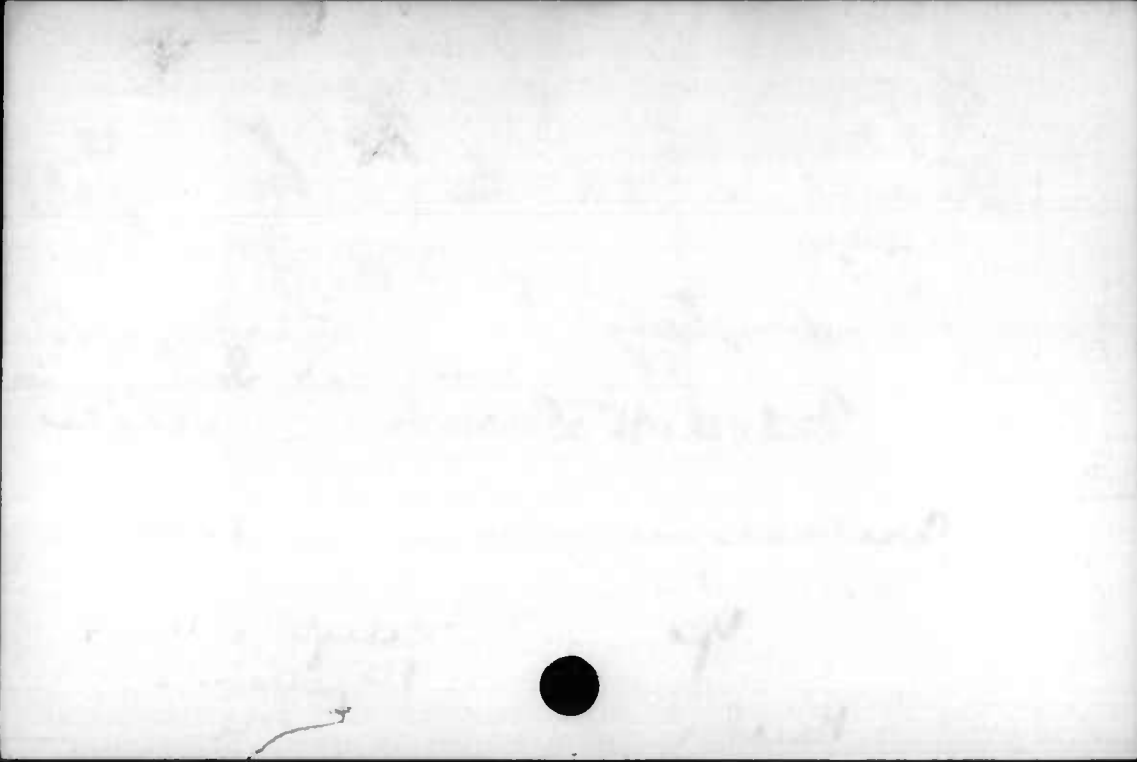
Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. P. Simpson*

Address *Rosecroft Md*

Accident or Suicide? *—*



Name  
in  
Full

Anna M Johnson

## CERTIFICATE OF DEATH

Died at Hyattsville

Town

Prince George

County

MARYLAND

Date of death 1908 March 12

Month

Day

Age

Years

Months

Days

67

8

13

Sex Female

Color or  
Race

White

Birth-  
place

Brooklyn N.Y.

Occupation

None

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widow

Name of Wife or  
Husband

Byron R. Johnson

Father's  
Name

John Dougherty

Father's  
Birthplace

New York

Mother's  
Maiden Name

Don't Know

Mother's  
Birthplace

South Carolina

Name of person giving  
In formation

Mrs C. N. Darnall

How related  
to deceased

Niece

## CAUSES OF DEATH

(64)

Primary

Cerebral haemorrhage

How long

3 mo

Immediate

General debility

How long

2 wks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Isidore H. Hatter  
Hyattsville  
Md

Accident or Suicide?

Neither

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Mso.

Name  
in  
Full

Andrew E. Kennedy

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Hyattsville

County Prince Georges

MARYLAND

Date of death 1908

Month

mch

Day

20<sup>th</sup>

Age

Years

33

Months

Days

Sex Male

Color or  
RaceBirth-  
place

W. Va.

Occupation Machinist

Where Residing if not  
at place of deathMarried, Single  
or Widowed

married

Name of Wife or  
Husband

Blanche Kennedy

Father's  
Name

Andrew E. Kennedy

Father's  
Birthplace

W. Va.

Mother's  
Maiden Name

Maria P. Cooke

Mother's  
Birthplace

W. Va.

Name of person giving  
Information

Marie M. Breedon

How related  
to deceased

Sister in Law

## CAUSES OF DEATH

93

Primary

Pneumonia

How long

4 days

Immediate

Heart failure

How long

6 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

T. E. Willis

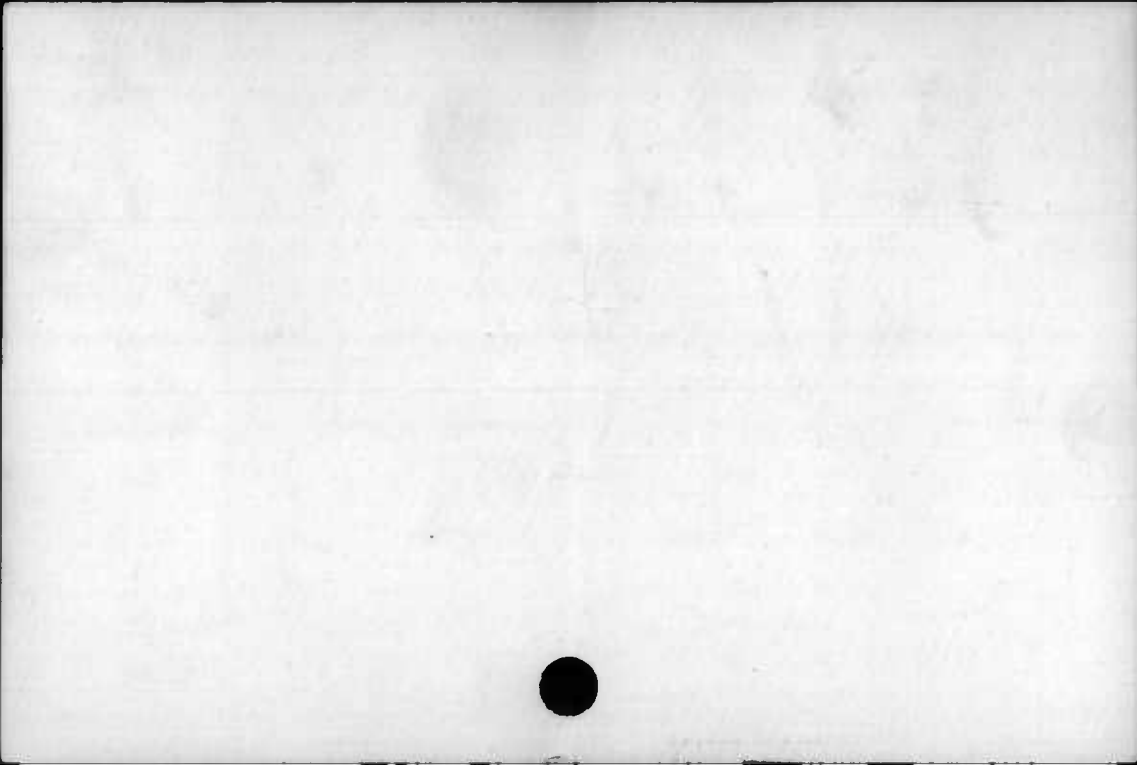
Address

Hyattsville

Accident or Suicide?

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

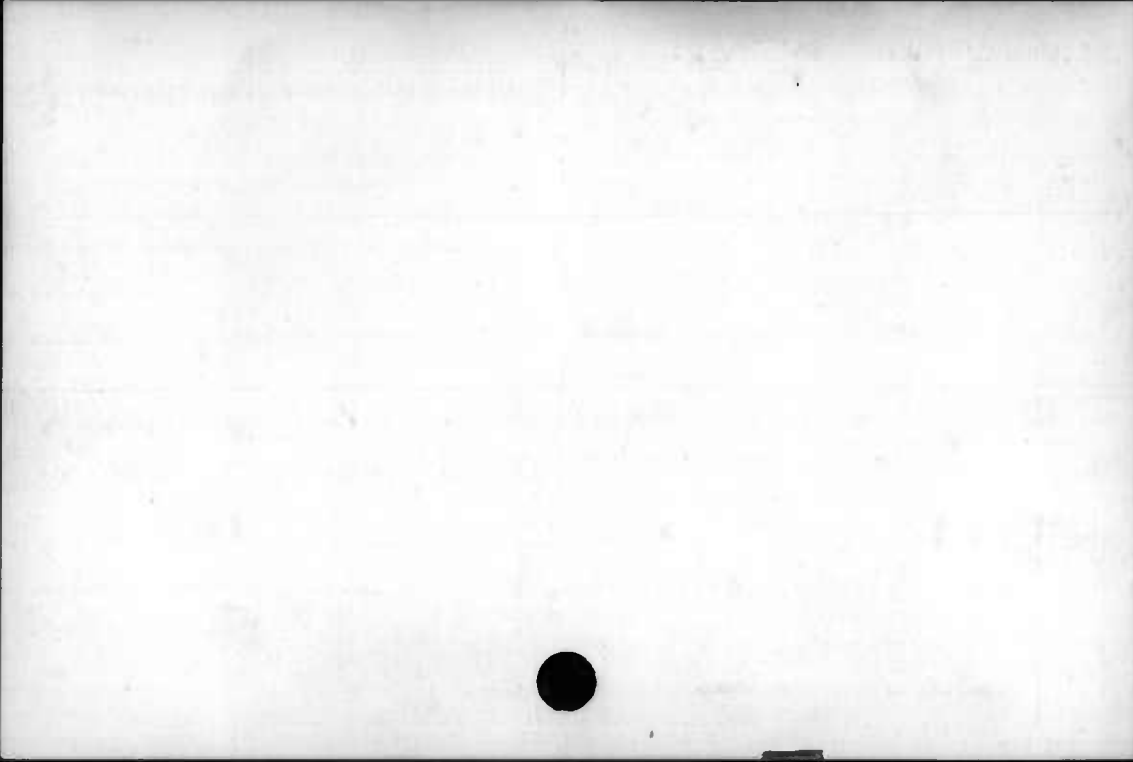
TO BE ANSWERED BY  
NEAREST FRIEND

|                                         |             |                                        |                 |                     |             |
|-----------------------------------------|-------------|----------------------------------------|-----------------|---------------------|-------------|
| Died at <i>Hall</i> <sup>Town</sup>     |             | <i>Princess Anne</i> <sup>County</sup> |                 | MARYLAND            |             |
| Date of death                           | <i>1908</i> | Month                                  | <i>March</i>    | Day                 | <i>23rd</i> |
| Sex                                     | <i>Male</i> | Color or Race                          | <i>White</i>    | Years               | <i>—</i>    |
| Occupation                              | <i>✓</i>    | Birth-place                            | <i>Maryland</i> | Months              | <i>—</i>    |
| Where Residing if not at place of death |             | <i>✓</i>                               |                 |                     |             |
| Married, Single or Widowed              |             | Name of Wife or Husband                |                 |                     |             |
| <i>✓</i>                                |             | <i>✓</i>                               |                 |                     |             |
| Father's Name                           |             | <i>John M. Kimmel</i>                  |                 | Father's Birthplace |             |
| <i>Isla Peterson</i>                    |             | <i>Germany</i>                         |                 | <i>Germany</i>      |             |
| Mother's Maiden Name                    |             | <i>Germany</i>                         |                 | How long            |             |
| Name of person giving information       |             | <i>John M. Kimmel</i>                  |                 | <i>Father</i>       |             |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                      |                           |                        |          |
|----------------------------------------------------------------------|---------------------------|------------------------|----------|
| Primary                                                              | <i>Stief born infarct</i> | How long               | <i>✓</i> |
| Immediate                                                            | <i>✓</i>                  | How long               | <i>✓</i> |
| Are the name, age, sex, color, date and place correctly given above? |                           | Signature of Physician |          |
| <i>Yes</i>                                                           |                           | <i>H. John Stiefel</i> |          |
|                                                                      |                           | Address                |          |
|                                                                      |                           | <i>Hall, Md.</i>       |          |
| Accident or Suicide?                                                 |                           |                        |          |



Name  
in  
Full

Mary Elizabeth Lepper

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                            |                   |                                        |                                         |                         |                   |
|--------------------------------------------|-------------------|----------------------------------------|-----------------------------------------|-------------------------|-------------------|
| Died at <u>Bladensburg</u> <sup>Town</sup> |                   | <u>Prince George</u> <sup>County</sup> |                                         | MARYLAND                |                   |
| Date of death                              | 1908              | Month                                  | March                                   | Day                     | 20                |
| Age                                        | 62                | Years                                  |                                         | Months                  | 3                 |
| Sex                                        | Female            | Color or Race                          | White                                   | Birth-place             | West Chester, Pa. |
| Occupation                                 | Housewife         |                                        | Where Residing if not at place of death |                         |                   |
| Married, Single or Widowed                 | Married           | Name of <del>Wife or</del> Husband     | John Lepper                             |                         |                   |
| Father's Name                              | Samuel S. Reed    |                                        |                                         | Father's Birthplace     | West Chester Pa.  |
| Mother's Maiden Name                       | Christina P. Reed |                                        |                                         | Mother's Birthplace     | Ottweiler Germany |
| Name of person giving information          | John Lepper       |                                        |                                         | How related to deceased | Husband           |

## CAUSES OF DEATH

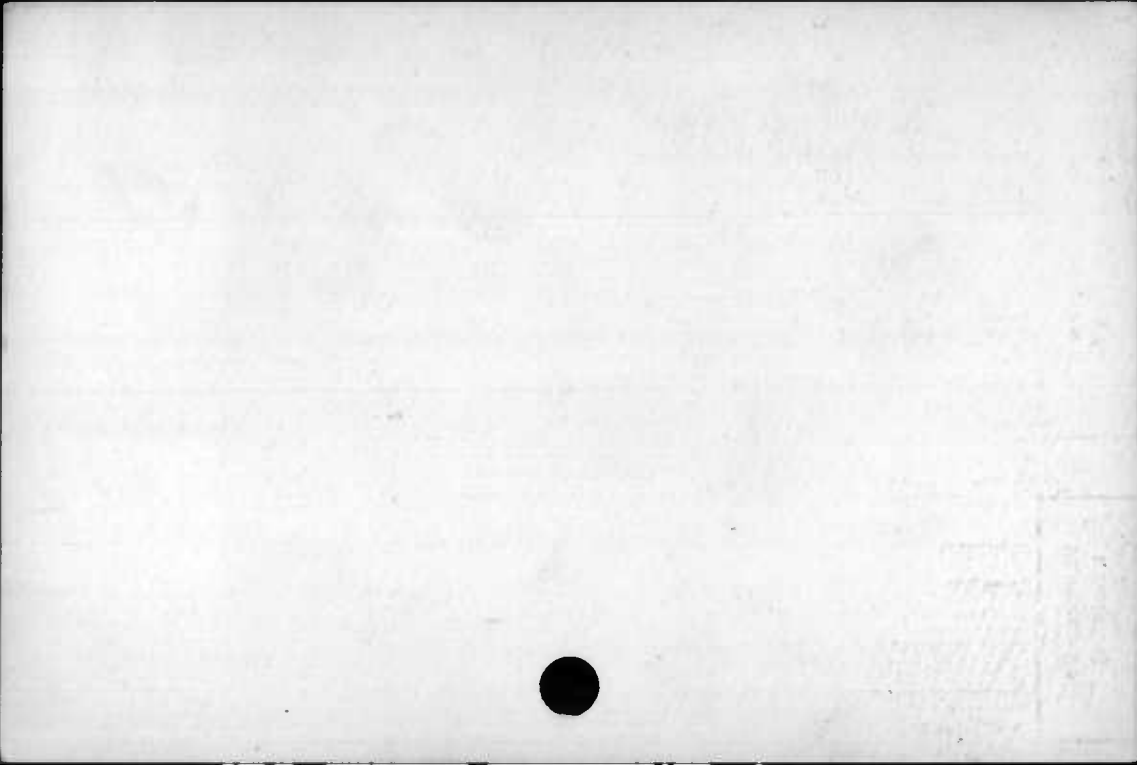
93

PHYSICIAN  
OR CORONER

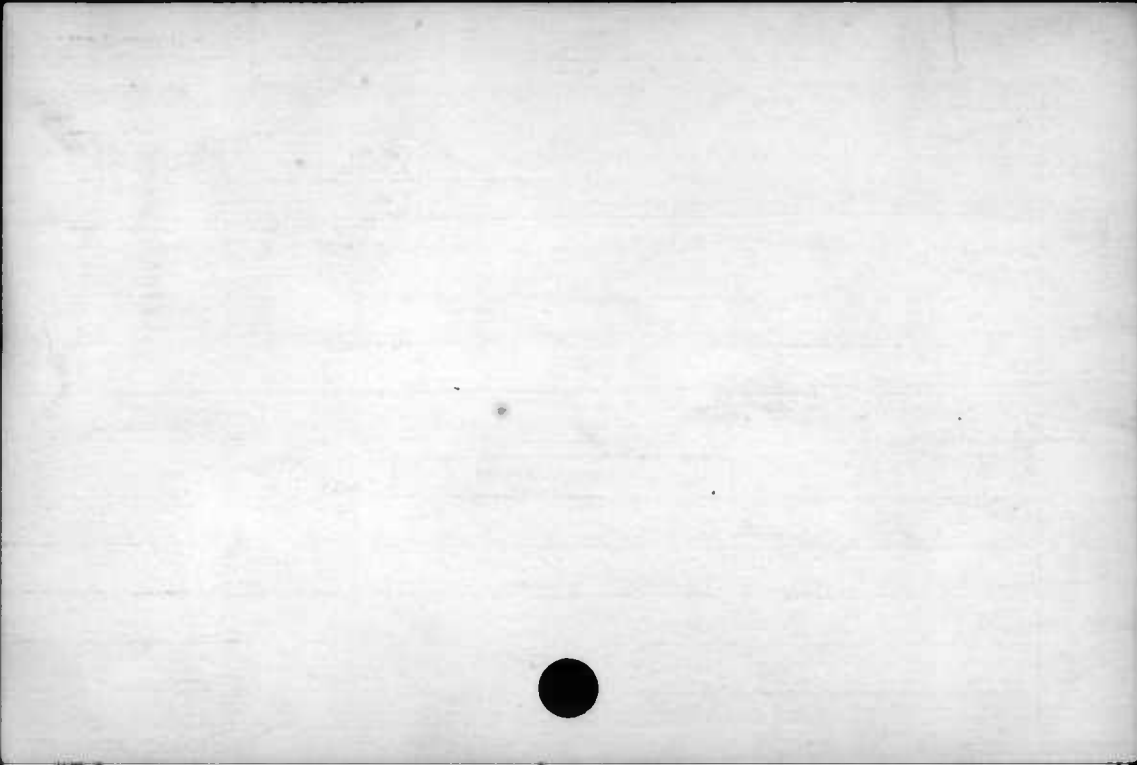
|                                                                      |                 |                        |           |
|----------------------------------------------------------------------|-----------------|------------------------|-----------|
| Primary                                                              | Pneumonia       | How long               | 1 wk      |
| Immediate                                                            | Cardiac failure | How long               | Immediate |
| Are the name, age, sex, color, date and place correctly given above? |                 | Signature of Physician |           |
| yes                                                                  |                 | H. H. Ratermiller      |           |
|                                                                      |                 | Address                |           |
|                                                                      |                 | Hyattsville            |           |
|                                                                      |                 | Md.                    |           |
| Accident or Suicide?                                                 |                 |                        |           |
| Neither                                                              |                 |                        |           |



| Name<br>In Full                                                                                                                                                                     |  | Certificate of Death                          |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|--|--|--|
| Mary McDermott                                                                                                                                                                      |  | MARYLAND                                      |  |  |  |
| Died at <i>Hyattsville</i> <small>Town</small> <i>Prince George</i> <small>County</small>                                                                                           |  |                                               |  |  |  |
| Date of death <i>1908</i> <small>Month</small> <i>March</i> <small>Day</small> <i>19</i> <small>Years</small> <i>47</i> <small>Months</small> <i>—</i> <small>Days</small> <i>—</i> |  |                                               |  |  |  |
| Sex <i>Female</i> <small>Color or Race</small> <i>White</i> <small>Birth-place</small> <i>Washington DC</i>                                                                         |  |                                               |  |  |  |
| Occupation <i>House wife</i> <small>Where Residing if not at place of death</small>                                                                                                 |  |                                               |  |  |  |
| Married, Single or Widowed <i>Married</i> <small>Name of Wife or Husband</small> <i>Geo H. McDermott</i>                                                                            |  |                                               |  |  |  |
| Father's Name <i>David Cumberland</i> <small>Father's Birthplace</small> <i>DC</i>                                                                                                  |  |                                               |  |  |  |
| Mother's Maiden Name <i>Mary C Power</i> <small>Mother's Birthplace</small> <i>MD</i>                                                                                               |  |                                               |  |  |  |
| Name of person giving information <i>George H. McDermott</i> <small>How related to deceased</small> <i>Husband</i>                                                                  |  |                                               |  |  |  |
| CAUSES OF DEATH                                                                                                                                                                     |  |                                               |  |  |  |
| (175)                                                                                                                                                                               |  |                                               |  |  |  |
| Primary <i>Carbolic acid poisoning</i> <small>How long</small> <i>instant</i>                                                                                                       |  |                                               |  |  |  |
| Immediate <i>"</i> <small>How long</small> <i>"</i>                                                                                                                                 |  |                                               |  |  |  |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>                                                                                                     |  | Signature of Physician <i>Arthur C. Brown</i> |  |  |  |
|                                                                                                                                                                                     |  | Address <i>Hyattsville Md</i>                 |  |  |  |
| Accident or Suicide? <i>accident</i>                                                                                                                                                |  |                                               |  |  |  |



| Name<br>in Full                           |                                                                      | Albert Roy McNamee        |              |                         |                         | CERTIFICATE OF DEATH   |                   |
|-------------------------------------------|----------------------------------------------------------------------|---------------------------|--------------|-------------------------|-------------------------|------------------------|-------------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND       | Died at                                                              | College Town              |              | Pr. Geo. County         |                         | MARYLAND               |                   |
|                                           | Date of death                                                        | 1908                      | Month<br>Mch | Day<br>11               | Years<br>4              | Months<br>1            | Days<br>16        |
|                                           | Sex                                                                  | Male                      |              | Color or Race           | white                   |                        |                   |
|                                           | Occupation                                                           | —                         |              |                         | Birth-place             | Pr Geo. Co. Md         |                   |
|                                           | Where Residing if not at place of death                              |                           |              | —                       |                         |                        |                   |
|                                           | Married, Single or Widowed                                           | —                         |              | Name of Wife or Husband |                         |                        |                   |
|                                           | Father's Name                                                        | Chas. E. McNamee          |              |                         |                         | Father's Birthplace    | Md                |
| Mother's Maiden Name                      | Sarah E. Bladen                                                      |                           |              |                         | Mother's Birthplace     | Md                     |                   |
| Name of person giving information         | Chas. E. McNamee                                                     |                           |              |                         | How related to deceased | Father                 |                   |
| <div>CAUSES OF DEATH</div> <div>174</div> |                                                                      |                           |              |                         |                         |                        |                   |
| PHYSICIAN<br>OR CORONER                   | Primary                                                              | asphyxiation & burst in a |              |                         |                         | How long               | —                 |
|                                           | Immediate                                                            | burning stable            |              |                         |                         | How long               | —                 |
|                                           | Are the name, age, sex, color, date and place correctly given above? | yes                       |              |                         |                         | Signature of Physician | A. D. E. E. E. E. |
|                                           | Address                                                              | —                         |              |                         |                         | Address                | Buena Vista Md.   |
| Accident or Suicide?                      |                                                                      | Accident                  |              |                         |                         |                        |                   |





Name  
in  
Full

Infant Matthew

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                                  |                                      |                                            |                                                            |                          |                           |
|------------------------------------------------------------------|--------------------------------------|--------------------------------------------|------------------------------------------------------------|--------------------------|---------------------------|
| Died at <b>Town</b> <i>Frostville</i>                            |                                      | <b>County</b> <i>Prince George</i>         |                                                            | <b>MARYLAND</b>          |                           |
| <b>Date</b><br>of death <b>1908</b>                              | <b>Month</b><br><i>3</i>             | <b>Day</b><br><i>17</i>                    | <b>Age</b><br><i>—</i>                                     | <b>Years</b><br><i>—</i> | <b>Months</b><br><i>—</i> |
| <b>Sex</b><br><i>Female</i>                                      | <b>Color or Race</b><br><i>Black</i> |                                            | <b>Birth-place</b><br><i>md</i>                            |                          |                           |
| <b>Occupation</b><br><i>none</i>                                 |                                      |                                            | <b>Where Residing if not at place of death</b><br><i>—</i> |                          |                           |
| <b>Married, Single or Widowed</b><br><i>Single</i>               |                                      | <b>Name of Wife or Husband</b><br><i>—</i> |                                                            |                          |                           |
| <b>Father's Name</b><br><i>John Matthews</i>                     |                                      |                                            | <b>Father's Birthplace</b><br><i>md</i>                    |                          |                           |
| <b>Mother's Maiden Name</b><br><i>Julia Boy</i>                  |                                      |                                            | <b>Mother's Birthplace</b><br><i>md</i>                    |                          |                           |
| <b>Name of person giving information</b><br><i>John Matthews</i> |                                      |                                            | <b>How related to deceased</b><br><i>Father</i>            |                          |                           |

## CAUSES OF DEATH

**Primary** *Premature birth*

**Immediate** *Still Born*

How long

How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*John E. Squashy, M.D.*

*Frostville*

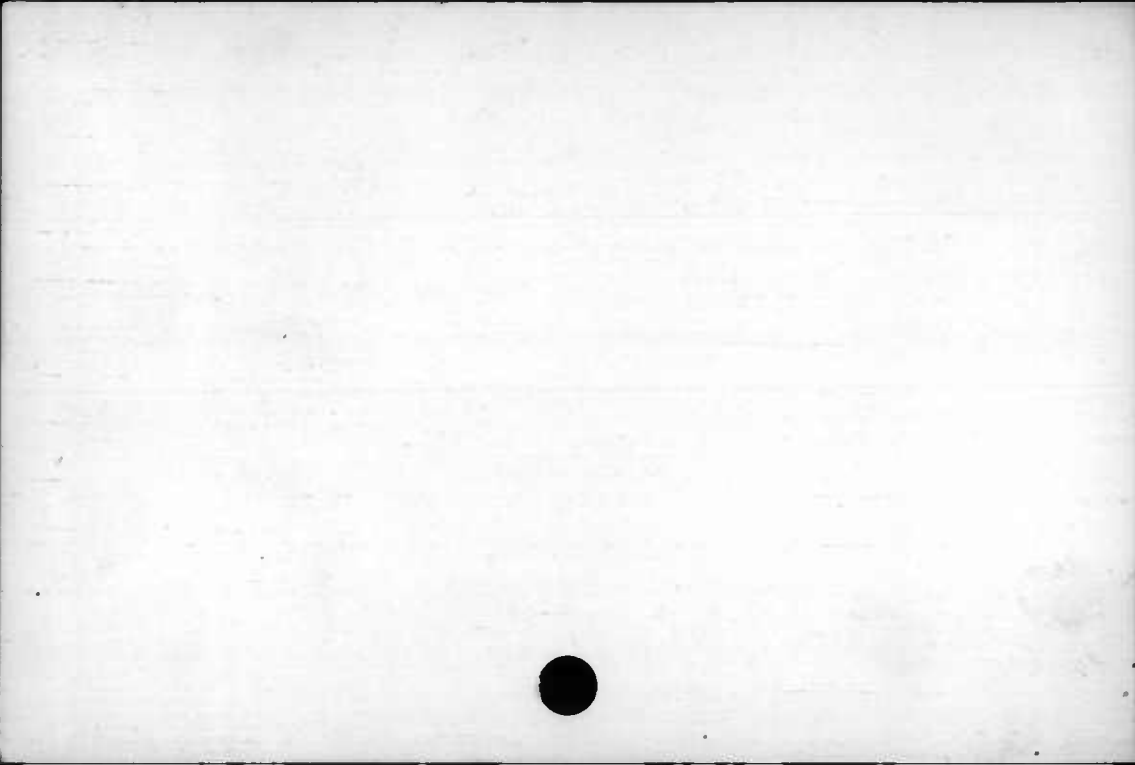
*md*

Accident or Suicide?

PHYSICIAN  
OR CORONER

*Crook in attendance*

*md*



Name in Full *William D. Miller*

CERTIFICATE OF DEATH

Died at *Clinton* <sup>Town</sup> *P.G.* <sup>County</sup> **MARYLAND**

Date of death *1908* <sup>Month</sup> *March* <sup>Day</sup> *11<sup>th</sup>* <sup>Years</sup> *1* <sup>Months</sup> *1* <sup>Days</sup> *—*

Sex *male* Color or Race *white* Birth-place *red*

Occupation *house* Where Residing if not at place of death *at home*

~~Married~~ Single ☒ Name of Wife or Husband *—*

Father's Name *William Miller* Father's Birthplace *red*

Mother's Maiden Name *Lushie Zeigler* Mother's Birthplace *red*

Name of person giving information *W. Miller* How related to deceased *father*

CAUSES OF DEATH

**8**

Primary *Whooping Cough* <sup>How long</sup> *3 weeks*  
Immediate *Paralysis* <sup>How long</sup> *4 hours.*

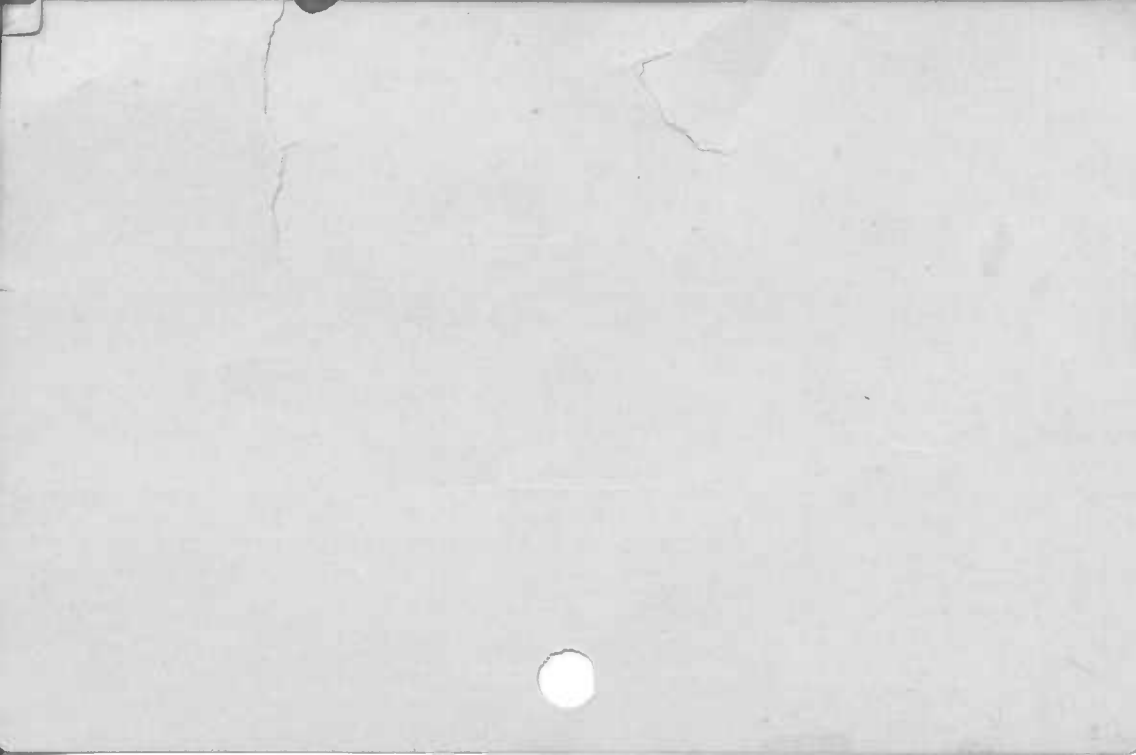
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. F. Waring*

Address *Clinton*

Accident or Suicide? ☐

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name  
in  
Full

Harry L. Proctor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

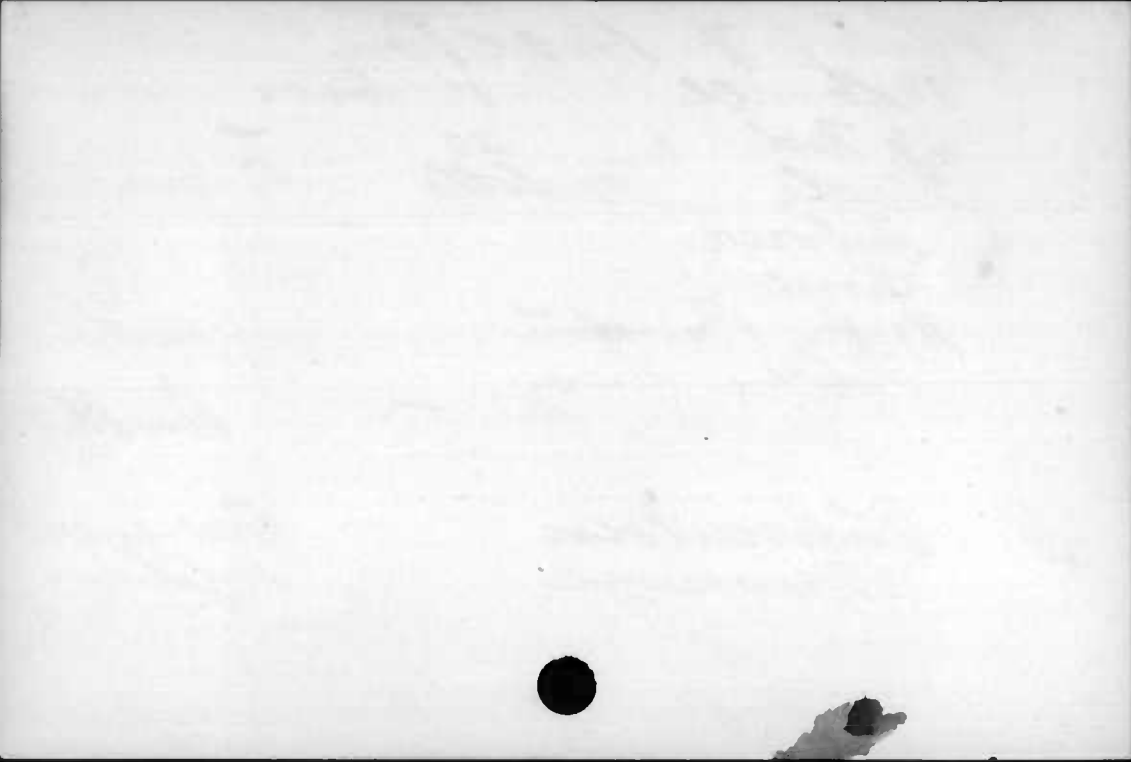
|                                                                            |                                                         |                        |  |                  |  |
|----------------------------------------------------------------------------|---------------------------------------------------------|------------------------|--|------------------|--|
| Died at <u>Clinton</u> Town                                                |                                                         | <u>P. G.</u> County    |  | MARYLAND         |  |
| Date of death <u>1908</u> Month <u>March</u> Day <u>10</u> Years <u>52</u> |                                                         | Months <u>    </u>     |  | Days <u>    </u> |  |
| Sex <u>Male</u>                                                            | Color or Race <u>Black</u>                              | Birth-place <u>Red</u> |  |                  |  |
| Occupation <u>Laborer</u>                                                  | Where Residing if not at place of death <u>Brothers</u> |                        |  |                  |  |
| <del>Married</del> , Single or Widowed                                     | Name of Wife or Husband <u>Not married.</u>             |                        |  |                  |  |
| Father's Name <u>William Proctor</u>                                       | Father's Birthplace <u>Red</u>                          |                        |  |                  |  |
| Mother's Maiden Name <u>Unknown</u>                                        | Mother's Birthplace <u>Red</u>                          |                        |  |                  |  |
| Name of person giving information <u>Jos. Proctor</u>                      | How related to deceased <u>Brother</u>                  |                        |  |                  |  |

## CAUSES OF DEATH

(66)

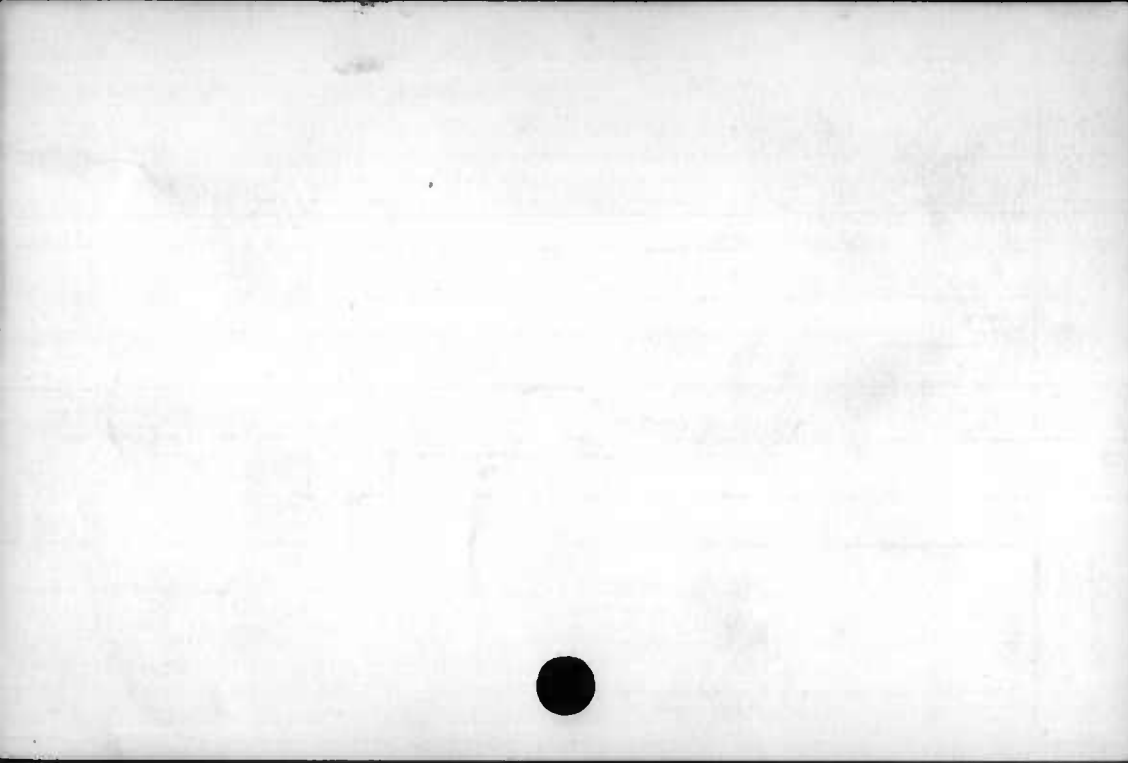
PHYSICIAN  
OR CORONER

|                                                                                 |                                            |
|---------------------------------------------------------------------------------|--------------------------------------------|
| Primary <u>Enteritis</u>                                                        | How long <u>2 weeks</u>                    |
| Immediate <u>Laryngitis</u>                                                     | How long <u>1 week</u>                     |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>J. F. Waring</u> |
|                                                                                 | Address <u>Clinton</u>                     |
| <del>Accident or Suicide</del>                                                  |                                            |



| Name<br>In Full                     |                                                                      | Philip H. Proctor |       |                                         |         | CERTIFICATE OF DEATH    |                 |               |
|-------------------------------------|----------------------------------------------------------------------|-------------------|-------|-----------------------------------------|---------|-------------------------|-----------------|---------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND | Died at                                                              | Adamsville        |       | Pr. Geo                                 |         | MARYLAND                |                 |               |
|                                     | Date of death                                                        | 1908              | Month | July                                    | Day     | 1                       | Age             | 20            |
|                                     | Sex                                                                  | Male              |       | Color or Race                           | Mulatto |                         | Birth-place     | Pr. Geo Co Md |
|                                     | Occupation                                                           | Laborer           |       | Where Residing if not at place of death |         |                         |                 |               |
|                                     | Married, Single or Widowed                                           | Single            |       | Name of Wife or Husband                 |         |                         |                 |               |
| PHYSICIAN<br>OR CORONER             | Father's Name                                                        | Henry Proctor     |       |                                         |         | Father's Birthplace     | Md              |               |
|                                     | Mother's Maiden Name                                                 | Mollie Savoy      |       |                                         |         | Mother's Birthplace     | "               |               |
|                                     | Name of person giving information                                    | James C. Proctor  |       |                                         |         | How related to deceased | Brother         |               |
|                                     | CAUSES OF DEATH                                                      |                   |       |                                         |         |                         |                 |               |
| PHYSICIAN<br>OR CORONER             | Primary                                                              | Tuberculosis      |       |                                         |         | How long                | One year        |               |
|                                     | Immediate                                                            | Anthrax           |       |                                         |         | How long                | one day         |               |
|                                     | Are the name, age, sex, color, date and place correctly given above? | Yes               |       |                                         |         | Signature of Physician  | H. Howard Brown |               |
|                                     | Address                                                              | Aguasca           |       |                                         |         |                         |                 |               |
| Accident or Suicide?                |                                                                      | No                |       |                                         |         |                         |                 |               |

27





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

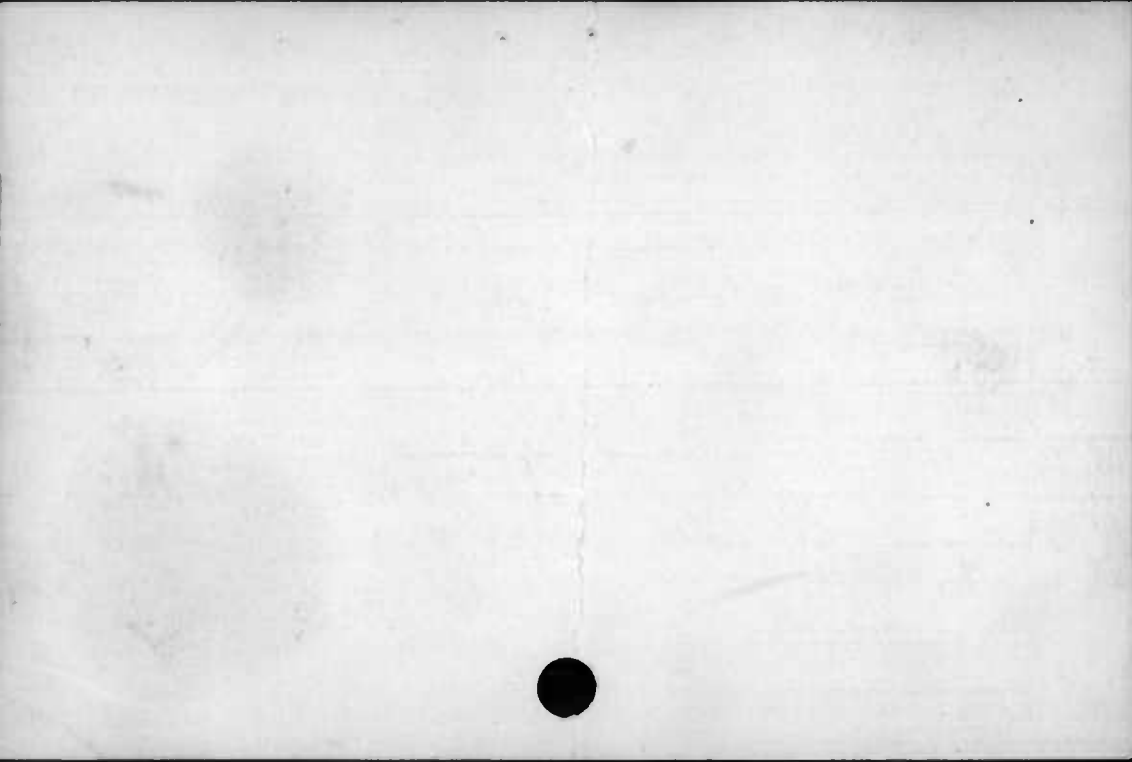
|                                                         |  |                                                           |  |                                |  |                          |  |
|---------------------------------------------------------|--|-----------------------------------------------------------|--|--------------------------------|--|--------------------------|--|
| Name in Full<br><i>Henry P. Queen</i>                   |  | Town<br><i>near Piscataway</i>                            |  | County<br><i>Prince George</i> |  | State<br><i>MARYLAND</i> |  |
| Died at<br><i>near Piscataway</i>                       |  | Month<br><i>March</i>                                     |  | Day<br><i>13</i>               |  | Years<br><i>84</i>       |  |
| Date of death<br><i>1908</i>                            |  | Month<br><i>March</i>                                     |  | Day<br><i>13</i>               |  | Years<br><i>84</i>       |  |
| Sex<br><i>male</i>                                      |  | Color or Race<br><i>white</i>                             |  | Birth-place<br><i>Maryland</i> |  |                          |  |
| Occupation<br><i>Farmer</i>                             |  | Where Residing if not at place of death<br><i>At home</i> |  |                                |  |                          |  |
| Married, Single or Widowed<br><i>married</i>            |  | Name of Wife or <del>husband</del><br><i>Mary Wildmon</i> |  |                                |  |                          |  |
| Father's Name<br><i>Charles Queen</i>                   |  | Father's Birthplace<br><i>md</i>                          |  |                                |  |                          |  |
| Mother's Maiden Name<br><i>Maria C. Percell</i>         |  | Mother's Birthplace<br><i>md</i>                          |  |                                |  |                          |  |
| Name of person giving information<br><i>Oscar Queen</i> |  | How related to deceased<br><i>Son</i>                     |  |                                |  |                          |  |

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

|                                                                                    |                                               |
|------------------------------------------------------------------------------------|-----------------------------------------------|
| Primary<br><i>Nephritis</i>                                                        | How long<br><i>Six years</i>                  |
| Immediate<br><i>Angiocarditis</i>                                                  | How long<br><i>Six years</i>                  |
| Are the name, age, sex, color, date and place correctly given above?<br><i>yes</i> | Signature of Physician<br><i>G. O. Monroe</i> |
|                                                                                    | Address<br><i>Waldorf</i>                     |
| Accident or Suicide?<br><i>md</i>                                                  |                                               |



Name  
in  
Full

William H. Reed

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near Laurel <sup>County</sup> Prince Geo MARYLAND

Date of death 1908 <sup>Month</sup> March <sup>Day</sup> 9 <sup>Years</sup> Age 80 <sup>Months</sup> 6 <sup>Days</sup> 12

Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Md

Occupation Farmer <sup>Where Residing if not at place of death</sup> near Laurel

Married, Single or Widowed yes <sup>Name of Wife or</sup> Matilda Reed

Father's Name Alfred Reed <sup>Father's Birthplace</sup> Md

Mother's Maiden Name Elizabeth Leaser <sup>Mother's Birthplace</sup> Md

Name of person giving information An H Reed <sup>How related to deceased</sup> son

## CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary Brouchitis of Aged. <sup>How long</sup> Six months

Immediate Heart failure <sup>How long</sup> Short while

Are the name, age, sex, color, date and place correctly given above? Yes <sup>Signature of Physician</sup> J. R. Stewart M.D.

<sup>Address</sup> Laurel Md

Accident or Suicide?

Fisher & Phair  
int Laurel

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

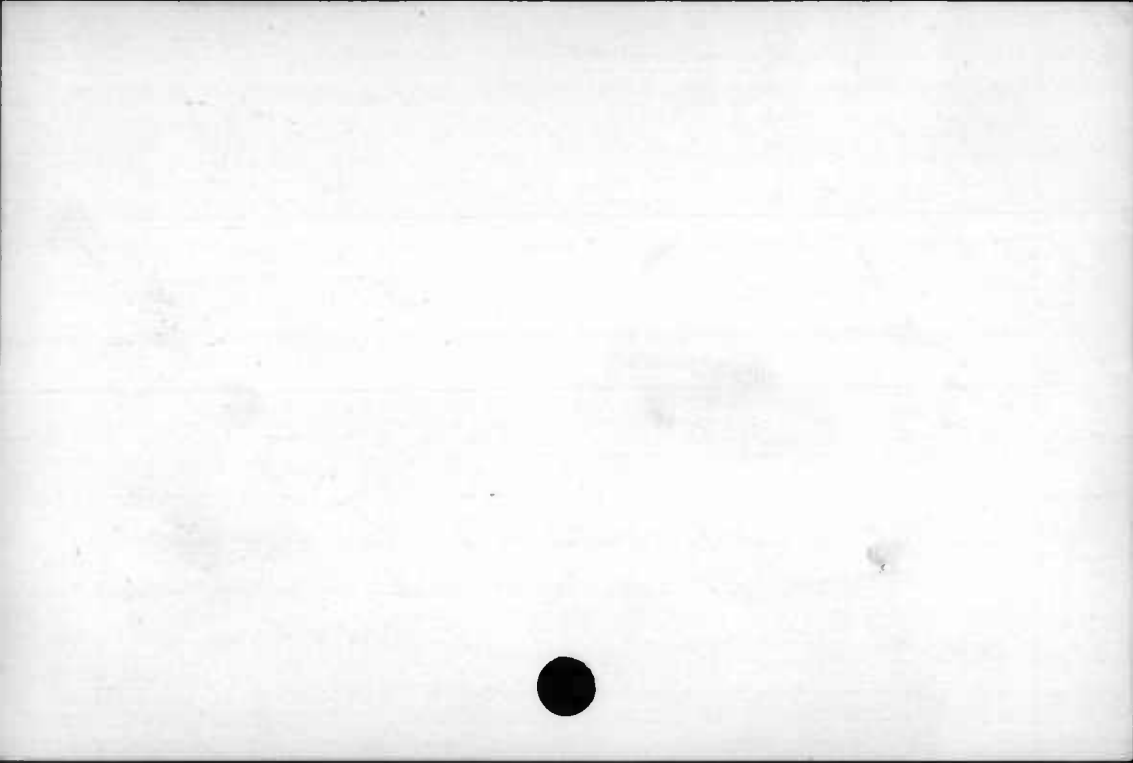
|                                   |  |                                         |     |             |       |
|-----------------------------------|--|-----------------------------------------|-----|-------------|-------|
| Died at                           |  | Town                                    |     | County      |       |
| Date of death                     |  | Month                                   | Day | Age         | Years |
| Sex                               |  | Color or Race                           |     | Birth-place |       |
| Occupation                        |  | Where Residing if not at place of death |     |             |       |
| Married, Single or Widowed        |  | Name of Wife or Husband                 |     |             |       |
| Father's Name                     |  | Father's Birthplace                     |     |             |       |
| Mother's Maiden Name              |  | Mother's Birthplace                     |     |             |       |
| Name of person giving information |  | How related to deceased                 |     |             |       |

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

|                                                                      |                        |
|----------------------------------------------------------------------|------------------------|
| Primary                                                              | How long               |
| Immediate                                                            | How long               |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
|                                                                      | Address                |
| Accident or Suicide?                                                 |                        |



Name  
in  
Full

Albasta Sluttins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Lanum* Town*P. 3rd* CountyDate  
of death *1908*Month  
*Mar*Day  
*16*

Age

Years  
*11*Months  
*11*Days  
*11*Sex  
*Female*Color or  
Race*White*Birth-  
place*Lanum*

Occupation

*hr*Where Residing if not  
at place of death*Lanum*Married, Single  
or Widowed*no*Name of Wife or  
Husband*no*Father's  
Name*Charles J Sluttins*Father's  
Birthplace*Ma*Mother's  
Maiden Name*Irena Knopf*Mother's  
Birthplace*Ma*Name of person giving  
information*Philip Knopf*How related  
to deceased*Grand Father*

## CAUSES OF DEATH

71

Primary

*Eclampsia*

How long

*1 day*

Immediate

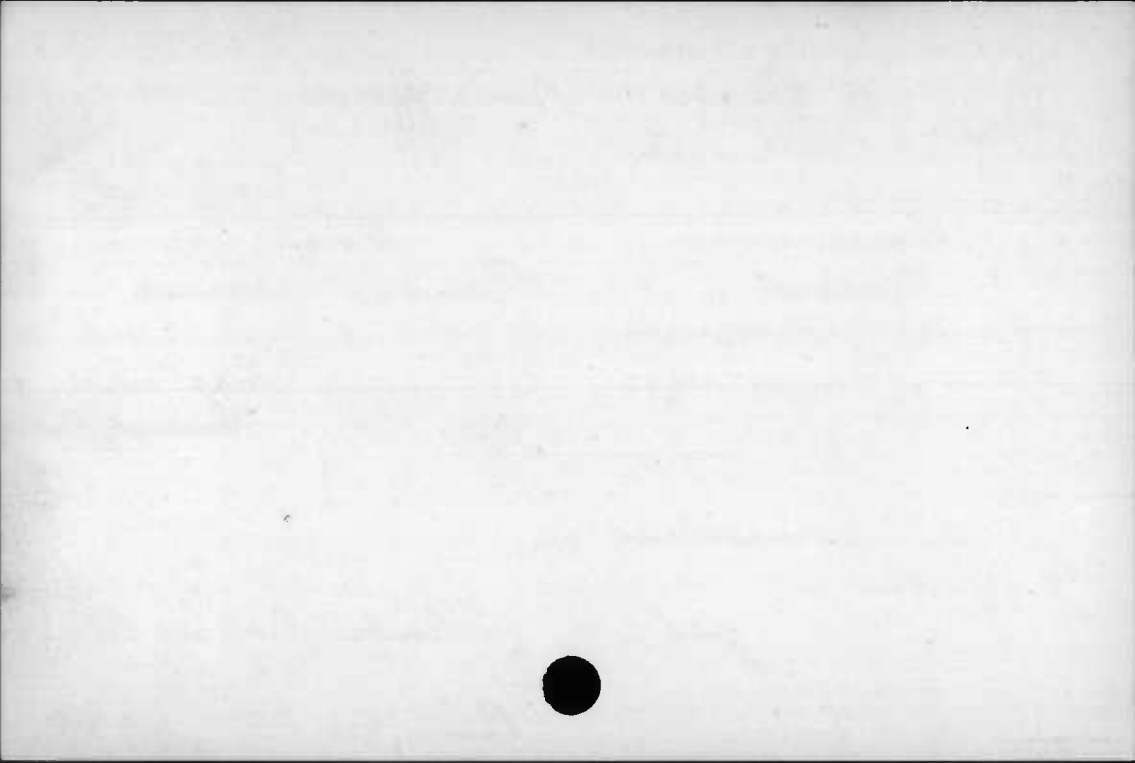
Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*D. R. C. Harley*

Address

*Lanum  
Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

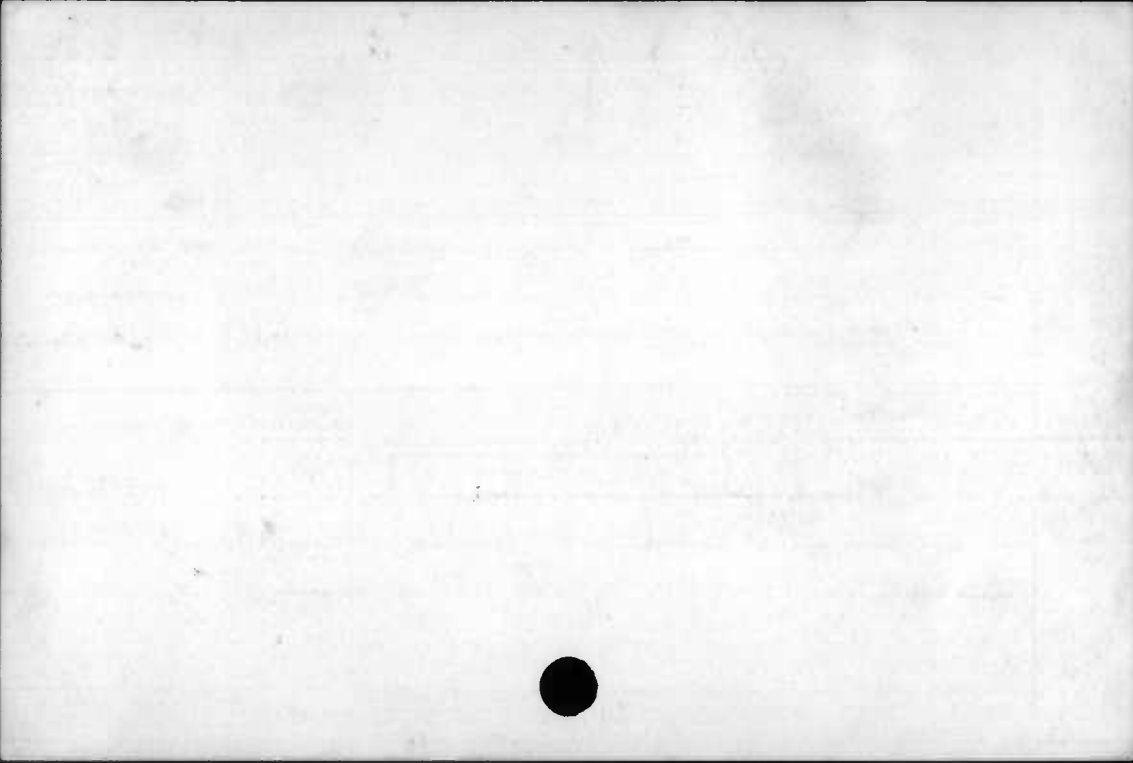
|                                                      |  |                                                  |  |                        |  |                       |  |
|------------------------------------------------------|--|--------------------------------------------------|--|------------------------|--|-----------------------|--|
| Name <i>Maria Smith</i>                              |  | Town <i>Aquasco</i>                              |  | County <i>Pr. Geo.</i> |  | State <i>MARYLAND</i> |  |
| Died at <i>Aquasco</i>                               |  | Month <i>March</i>                               |  | Day <i>6</i>           |  | Years <i>73</i>       |  |
| Date of death <i>1908</i>                            |  | Month <i>March</i>                               |  | Day <i>6</i>           |  | Age <i>73</i>         |  |
| Sex <i>Female</i>                                    |  | Color or Race <i>Colored</i>                     |  | Birth-place <i>Ind</i> |  |                       |  |
| Occupation <i>Housewife</i>                          |  | Where Residing if not at place of death <i>—</i> |  |                        |  |                       |  |
| Married, Single or Widowed <i>Married</i>            |  | Name of Wife or Husband <i>Geo. Bell</i>         |  |                        |  |                       |  |
| Father's Name <i>Unknown</i>                         |  | Father's Birthplace <i>—</i>                     |  |                        |  |                       |  |
| Mother's Maiden Name <i>Lizzie Smith</i>             |  | Mother's Birthplace <i>Ind</i>                   |  |                        |  |                       |  |
| Name of person giving information <i>Peter Ruder</i> |  | How related to deceased <i>none</i>              |  |                        |  |                       |  |

## CAUSES OF DEATH

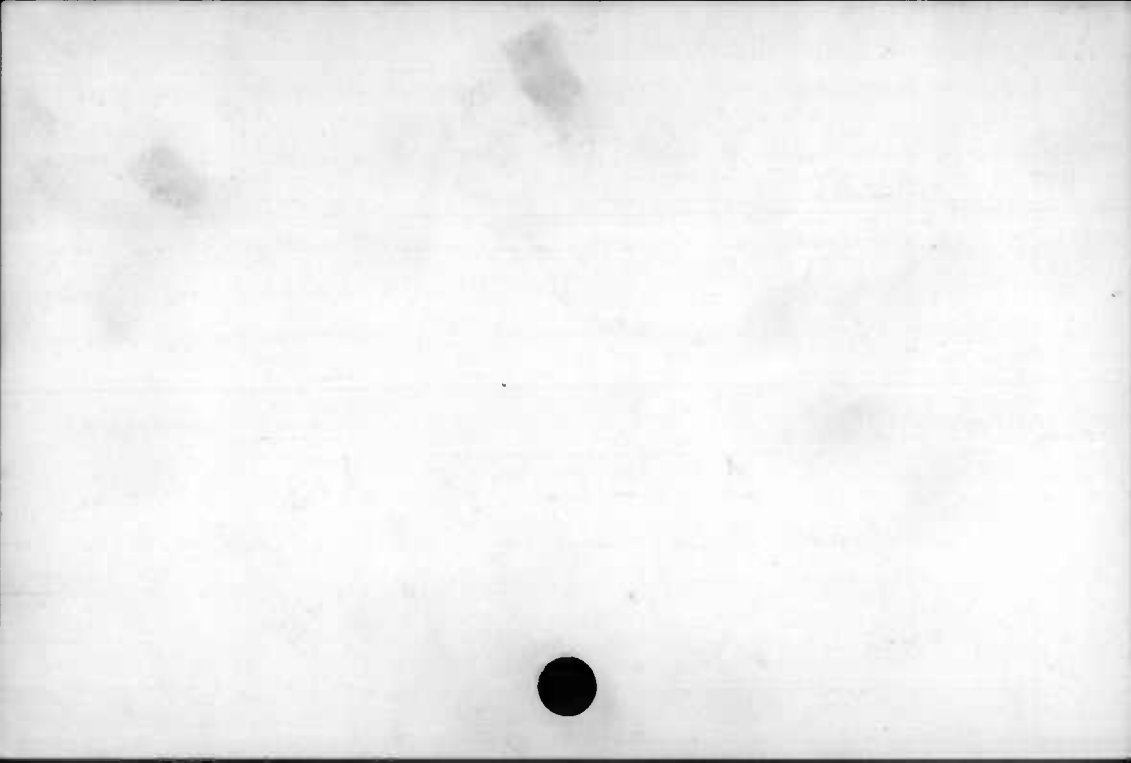
93

PHYSICIAN  
OR CORONER

|                                                                      |                                              |
|----------------------------------------------------------------------|----------------------------------------------|
| Primary <i>No medical attendance.</i>                                | How long <i>—</i>                            |
| Immediate <i>Probably Pneumonia</i>                                  | How long <i>3 days</i>                       |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Thos. B. Quinn</i> |
|                                                                      | Address <i>Aquasco Ind.</i>                  |
| Accident or Suicide? <i>No</i>                                       |                                              |



| Name in Full                                                                                                                                                                |                                                                      | Robert Smoot   |       |                                          |                                         | CERTIFICATE OF DEATH |             |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------|-------|------------------------------------------|-----------------------------------------|----------------------|-------------|---------|
| TO BE ANSWERED BY<br>NEAREST FRIEND                                                                                                                                         | Died at                                                              | Silver Spring  |       | Pr. Geo. Co.                             |                                         | MARYLAND             |             |         |
|                                                                                                                                                                             | Date of death                                                        | 1908           | Month | March                                    | Day                                     | 22 <sup>nd</sup>     | Age         | 62      |
|                                                                                                                                                                             | Sex                                                                  | Male           |       | Color or Race                            | Colored                                 |                      | Birth-place | unknown |
|                                                                                                                                                                             | Occupation                                                           | Laborer        |       |                                          | Where Residing if not at place of death |                      |             |         |
|                                                                                                                                                                             | Married, Single or Widowed                                           | unknown        |       | Name of Wife or Husband                  | unknown                                 |                      |             |         |
|                                                                                                                                                                             | Father's Name                                                        | unknown        |       |                                          | Father's Birthplace                     | unknown              |             |         |
|                                                                                                                                                                             | Mother's Maiden Name                                                 | unknown        |       |                                          | Mother's Birthplace                     | unknown              |             |         |
|                                                                                                                                                                             | Name of person giving information                                    | Payton Klevagh |       |                                          | How related to deceased                 | none                 |             |         |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">179</div> |                                                                      |                |       |                                          |                                         |                      |             |         |
| PHYSICIAN<br>OR CORONER                                                                                                                                                     | Primary                                                              | Natural Causes |       |                                          |                                         | How long             | Immediate   |         |
|                                                                                                                                                                             | Immediate                                                            |                |       |                                          |                                         | How long             |             |         |
|                                                                                                                                                                             | Are the name, age, sex, color, date and place correctly given above? |                |       |                                          | Signature of Physician                  |                      |             |         |
|                                                                                                                                                                             | as near as possible!                                                 |                |       |                                          | Address                                 |                      |             |         |
| Accident or Suicide?                                                                                                                                                        |                                                                      |                |       | neither                                  |                                         |                      |             |         |
|                                                                                                                                                                             |                                                                      |                |       | John C. Lambert M.D.<br>Forestville, Md. |                                         |                      |             |         |



|                                                       |                                                                      |                                                     |                           |
|-------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------|---------------------------|
| Name in Full<br><b>Thomas Soper</b>                   |                                                                      | CERTIFICATE OF DEATH                                |                           |
| TO BE ANSWERED BY<br>NEAREST FRIEND                   | Died at<br><b>Fourstreet</b>                                         | Town<br><b>P. Co.</b>                               | County<br><b>MARYLAND</b> |
|                                                       | Date of death<br><b>1908</b>                                         | Month<br><b>Mar</b>                                 | Day<br><b>26</b>          |
|                                                       | Age<br><b>14</b>                                                     | Years<br><b>da</b>                                  | Months<br><b>14</b>       |
|                                                       | Sex<br><b>male</b>                                                   | Color or Race<br><b>white</b>                       | Birth-place<br><b>md.</b> |
|                                                       | Occupation<br><b>none</b>                                            | Where Residing if not at place of death<br><b>-</b> |                           |
|                                                       | Married, Single or Widowed<br><b>single</b>                          | Name of Wife or Husband                             |                           |
|                                                       | Father's Name<br><b>Bob Soper</b>                                    | Father's Birthplace<br><b>md.</b>                   |                           |
|                                                       | Mother's Maiden Name<br><b>Fanny Soper</b>                           | Mother's Birthplace<br><b>md.</b>                   |                           |
| Name of person giving information<br><b>Bob Soper</b> | How related to deceased<br><b>father</b>                             |                                                     |                           |
| CAUSES OF DEATH                                       |                                                                      |                                                     |                           |
| PHYSICIAN OR CORONER                                  | Primary<br><b>Premature Birth</b>                                    | How long<br><b>no physician in attendance</b>       |                           |
|                                                       | Immediate<br><b>attendance</b>                                       | How long                                            |                           |
|                                                       | Are the name, age, sex, color, date and place correctly given above? | Signature of Physician<br><b>J. L. Varing M.D.</b>  |                           |
|                                                       | Address<br><b>Clinton</b>                                            |                                                     |                           |
| Accident or Suicide?                                  |                                                                      |                                                     |                           |



Name  
in  
Full

Julius Stommel.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                |      |                                        |     |                         |                  |
|------------------------------------------------|------|----------------------------------------|-----|-------------------------|------------------|
| Died at <i>Capital Heights</i> <sup>Town</sup> |      | <i>Prince George</i> <sup>County</sup> |     | MARYLAND                |                  |
| Date of death                                  | 1908 | Month                                  | Mar | Day                     | 11 <sup>th</sup> |
| Age                                            |      | Years                                  |     | Months                  | 1                |
| Sex                                            |      | Male                                   |     | Color or Race           | White            |
| Occupation                                     |      | None                                   |     | Birth-place             | Capital Heights  |
| Where Residing if not at place of death        |      |                                        |     |                         |                  |
| Name of Single                                 |      | Name of Wife or Husband                |     |                         |                  |
| Father's Name                                  |      | <i>Julius Stommel</i>                  |     | Father's Birthplace     |                  |
| Mother's Maiden Name                           |      | <i>Helen Stommel</i>                   |     | Mother's Birthplace     |                  |
| Name of person giving information              |      |                                        |     | How related to deceased |                  |

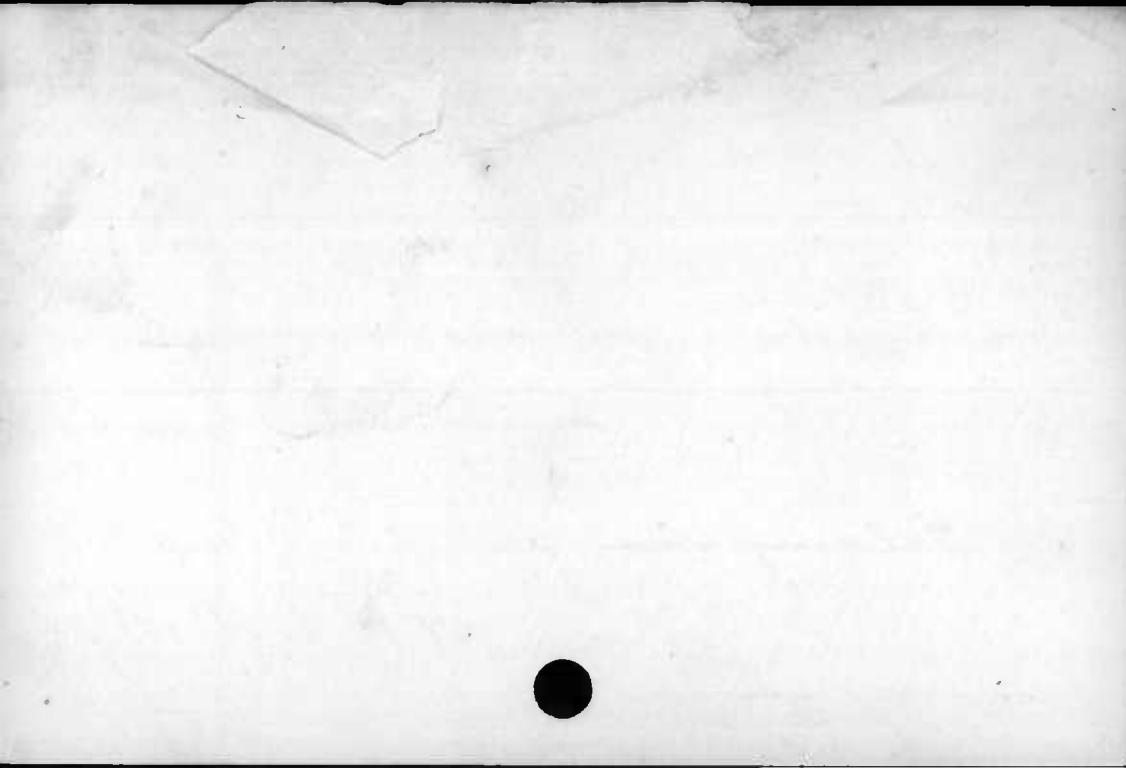
## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

|                                                                      |                        |                        |                       |
|----------------------------------------------------------------------|------------------------|------------------------|-----------------------|
| Primary                                                              | <i>Whooping cough.</i> | How long               | <i>about</i>          |
| Immediate                                                            | <i>Strangulation</i>   | How long               | <i>about 3 hours.</i> |
| Are the name, age, sex, color, date and place correctly given above? |                        | Signature of Physician |                       |
|                                                                      |                        | Address                |                       |
| Accident or Suicide?                                                 |                        |                        |                       |

*R.A. Schooner M.D.,*  
*Benning.*  
*D.C.*





Name  
In  
Full

Emma Jane Summer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

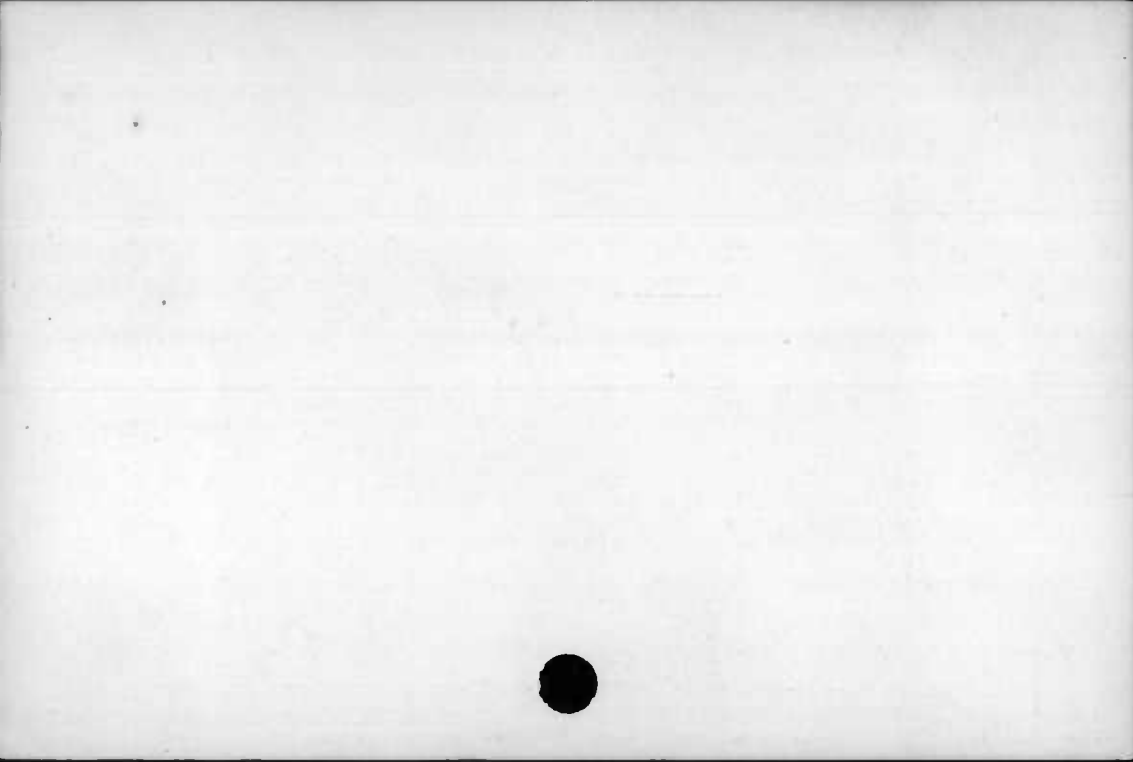
|                                                         |                                                             |                                         |                          |                                |                            |
|---------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------|--------------------------|--------------------------------|----------------------------|
| Died at <i>Camp Springs</i> <sup>Town</sup>             |                                                             | <i>Prince Georges</i> <sup>County</sup> |                          | MARYLAND                       |                            |
| Date of death                                           | <i>1908</i> <sup>Year</sup>                                 | <i>March</i> <sup>Month</sup>           | <i>17</i> <sup>Day</sup> | Age <i>40</i> <sup>Years</sup> | <i>0</i> <sup>Months</sup> |
| Sex <i>Female</i>                                       | Color or Race <i>White</i>                                  | Birth-place <i>England</i>              |                          |                                |                            |
| Occupation <i>House wife</i>                            | Where Residing if not at place of death <i>Camp Springs</i> |                                         |                          |                                |                            |
| Married, Single or Widowed <i>Married</i>               | Name of Wife or Husband <i>Thomas Summer</i>                |                                         |                          |                                |                            |
| Father's Name <i>unknown</i>                            | Father's Birthplace <i>England</i>                          |                                         |                          |                                |                            |
| Mother's Maiden Name <i>unknown</i>                     | Mother's Birthplace <i>England</i>                          |                                         |                          |                                |                            |
| Name of person giving information <i>Francis Summer</i> | How related to deceased <i>Husbands Brother</i>             |                                         |                          |                                |                            |

## CAUSES OF DEATH

159

PHYSICIAN  
OR CORONER

|                                                                                 |                                                         |
|---------------------------------------------------------------------------------|---------------------------------------------------------|
| Primary <i>Nervousness</i>                                                      | How long <i>Immediately</i>                             |
| Immediate <i>Bullet Wound</i>                                                   | How long <i>Immediately</i>                             |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Columbus Pumphrey Coroner</i> |
|                                                                                 | Address <i>Meadows</i>                                  |
| Accident or Suicide? <i>Suicide</i>                                             | <i>Prince Geo Co Maryland</i>                           |



Name  
in  
Full

Florence Swider.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> near Ft. Washington <sup>County</sup> Ch. Geo.Date of death 1908 <sup>Month</sup> March <sup>Day</sup> 6 <sup>Age</sup> 11 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> St. Mary's Co.Occupation <sup>Where Residing if not at place of death</sup>Married, Single or Widowed single <sup>Name of Wife or Husband</sup>

Father's Name Frank Swider.

Father's Birthplace New York.

Mother's Maiden Name Susie Segment.

Mother's Birthplace St. Mary's Co.

Name of person giving information Tom F. Taylor.

How related to deceased no relation.

## CAUSES OF DEATH

9

Primary Diphtheria How long 7 days.

Immediate Heart paralysis.

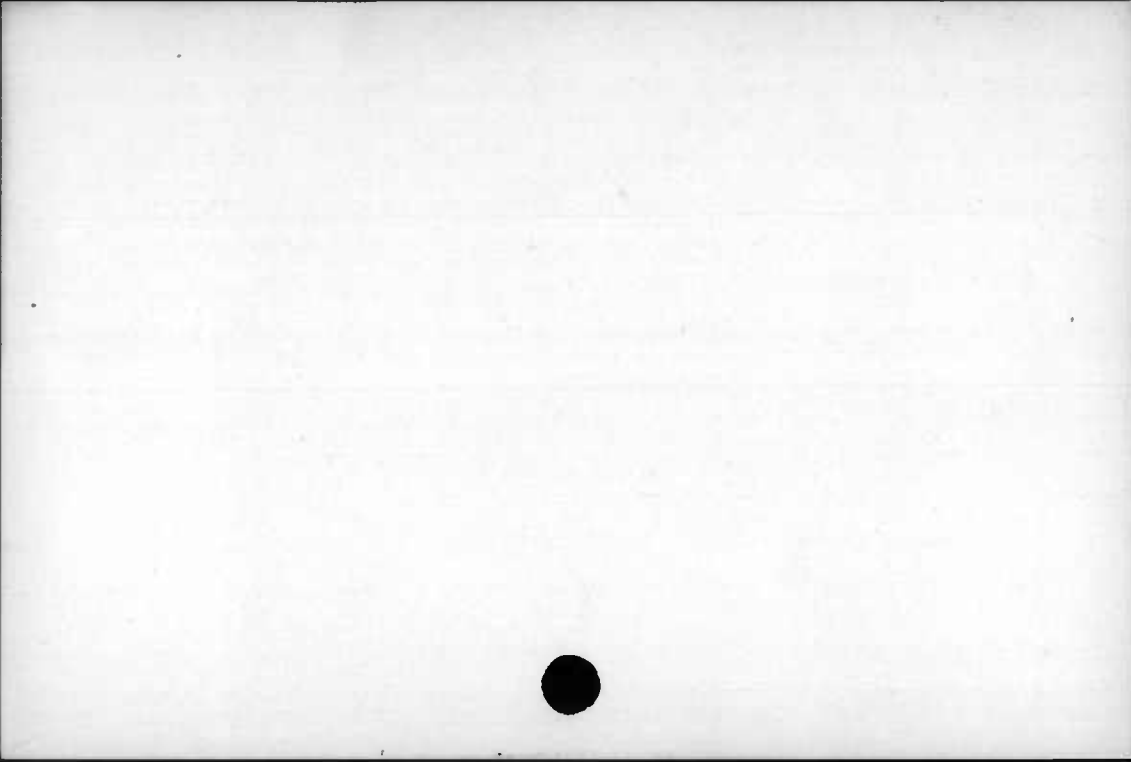
Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician E. D. Hurst.

Address Piscataway Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
In  
Full

Andrew Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

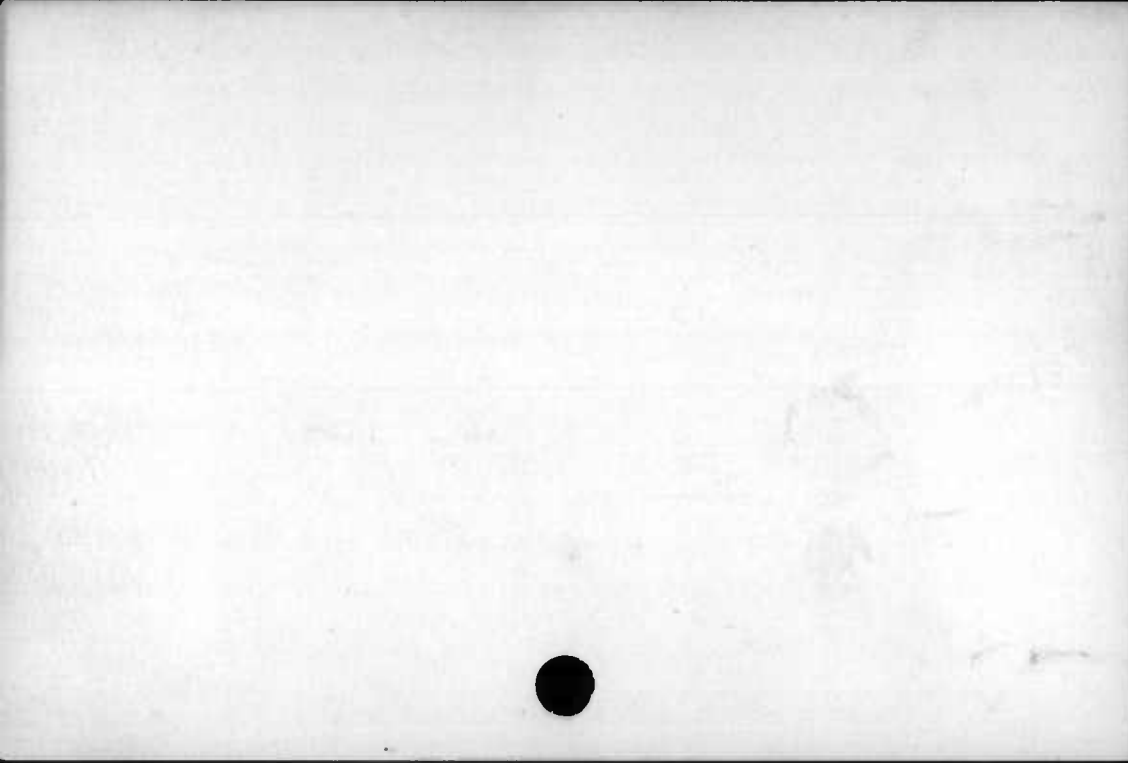
|                                                                                 |  |                                                                |  |                                  |      |
|---------------------------------------------------------------------------------|--|----------------------------------------------------------------|--|----------------------------------|------|
| Died at <i>Crown St</i> <sup>Town</sup>                                         |  | <i>Pr Geo</i> <sup>County</sup>                                |  | MARYLAND                         |      |
| Date of death <i>1908</i> <sup>Month</sup> <i>March</i> <sup>Day</sup> <i>8</i> |  | Age <i>16</i> <sup>Years</sup>                                 |  | Months                           | Days |
| Sex <i>Male</i>                                                                 |  | Color or Race <i>Colored</i>                                   |  | Birth-place <i>Chas &amp; md</i> |      |
| Occupation <i>Laborer</i>                                                       |  | Where Residing if not at place of death <i>Pr Geo &amp; md</i> |  |                                  |      |
| Married, Single or Widowed <i>Single</i>                                        |  | Name of Wife or Husband                                        |  |                                  |      |
| Father's Name <i>James Thomas</i>                                               |  | Father's Birthplace <i>md</i>                                  |  |                                  |      |
| Mother's Maiden Name <i>Georgiana Slater</i>                                    |  | Mother's Birthplace <i>N.Y.</i>                                |  |                                  |      |
| Name of person giving information <i>Henry Johnson</i>                          |  | How related to deceased <i>Cousin</i>                          |  |                                  |      |

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

|                                                                      |                          |                                             |                 |
|----------------------------------------------------------------------|--------------------------|---------------------------------------------|-----------------|
| Primary                                                              | <i>Consumption acute</i> | How long                                    | <i>6 months</i> |
| Immediate                                                            |                          | How long                                    |                 |
| Are the name, age, sex, color, date and place correctly given above? |                          | Signature of Physician <i>W. H. Gibbons</i> |                 |
|                                                                      |                          | Address <i>Crown md.</i>                    |                 |
| Accident or Suicide?                                                 |                          |                                             |                 |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                      |                       |                         |                                         |           |                         |                   |       |        |      |
|-----------------------------------|----------------------|-----------------------|-------------------------|-----------------------------------------|-----------|-------------------------|-------------------|-------|--------|------|
| Died at <i>Prune</i> Town         |                      | <i>Dr. Geo</i> County |                         | MARYLAND                                |           |                         |                   |       |        |      |
| Date of death                     | 1908                 | Month                 | <i>March</i>            | Day                                     | <i>28</i> | Age                     | <i>84</i>         | Years | Months | Days |
| Sex                               | <i>Female</i>        |                       | Color or Race           | <i>White</i>                            |           | Birth-place             | <i>Aguasco Md</i> |       |        |      |
| Occupation                        | <i>Housewife</i>     |                       |                         | Where Residing if not at place of death |           |                         | <i>-</i>          |       |        |      |
| Married, Single or Widowed        | <i>Widow</i>         |                       | Name of Wife or Husband | <i>Joseph Watson</i>                    |           |                         |                   |       |        |      |
| Father's Name                     | <i>David Young</i>   |                       |                         |                                         |           | Father's Birthplace     | <i>Aguasco Md</i> |       |        |      |
| Mother's Maiden Name              | <i>Mary M. Young</i> |                       |                         |                                         |           | Mother's Birthplace     | <i>-</i>          |       |        |      |
| Name of person giving information | <i>J. C. Watson</i>  |                       |                         |                                         |           | How related to deceased | <i>Grandson</i>   |       |        |      |

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

|                                                                      |                            |            |                        |                        |
|----------------------------------------------------------------------|----------------------------|------------|------------------------|------------------------|
| Primary                                                              | <i>Phthisis Pulmonalis</i> |            | How long               | <i>Two yrs.</i>        |
| Immediate                                                            | <i>Heart failure</i>       |            | How long               | <i>3 mths.</i>         |
| Are the name, age, sex, color, date and place correctly given above? |                            | <i>Yes</i> | Signature of Physician | <i>H. Martin Brown</i> |
|                                                                      |                            |            | Address                | <i>Aguasco Md</i>      |
| Accident or Suicide?                                                 |                            | <i>No.</i> |                        |                        |





Name  
in  
Full

Henrietta West

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

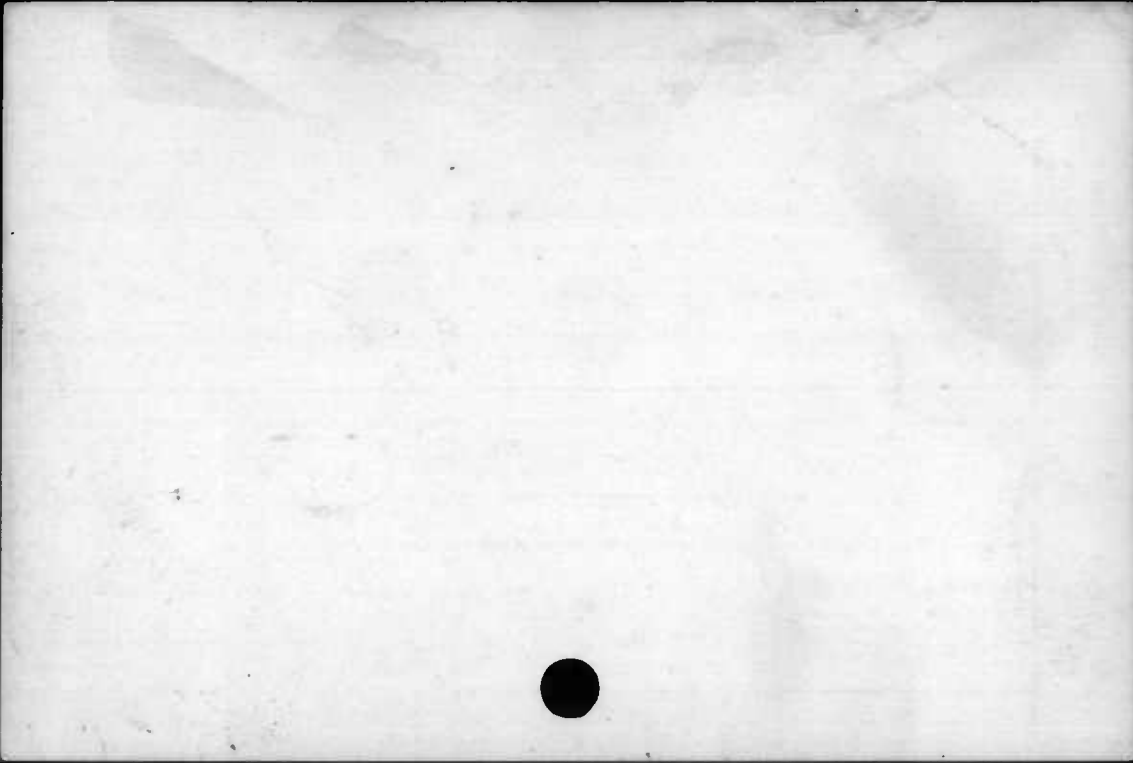
|                                   |                   |                 |       |                                         |          |          |    |
|-----------------------------------|-------------------|-----------------|-------|-----------------------------------------|----------|----------|----|
| Died at                           |                   | Capitol Heights |       | Prince George's County                  |          | MARYLAND |    |
| Date of death                     | 1908              | Month           | 3     | Day                                     | 11       | Age      | 48 |
| Sex                               | Female            | Color or Race   | White | Birthplace                              | Virginia |          |    |
| Occupation                        | Housewife         |                 |       | Where Residing if not at place of death |          |          |    |
| Married, Single or Widowed        | Married           |                 |       | Name of Wife or Husband John E. West    |          |          |    |
| Father's Name                     | James Campbell    |                 |       | Father's Birthplace Ireland             |          |          |    |
| Mother's Maiden Name              | Angelina Higwell  |                 |       | Mother's Birthplace Virginia            |          |          |    |
| Name of person giving information | Florence Thompson |                 |       | How related to deceased Sister          |          |          |    |

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

|                                                                      |              |                |          |
|----------------------------------------------------------------------|--------------|----------------|----------|
| Primary                                                              | Pleurisy     | How long       | 10 days  |
| Immediate                                                            | Tuberculosis | How long       | 9 months |
| Are the name, age, sex, color, date and place correctly given above? |              | yes            |          |
| Signature of Physician                                               |              | J. E. Samsbury |          |
| Address                                                              |              | Forestville    |          |
| Accident or Suicide?                                                 |              | neither        |          |
|                                                                      |              | Md             |          |



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

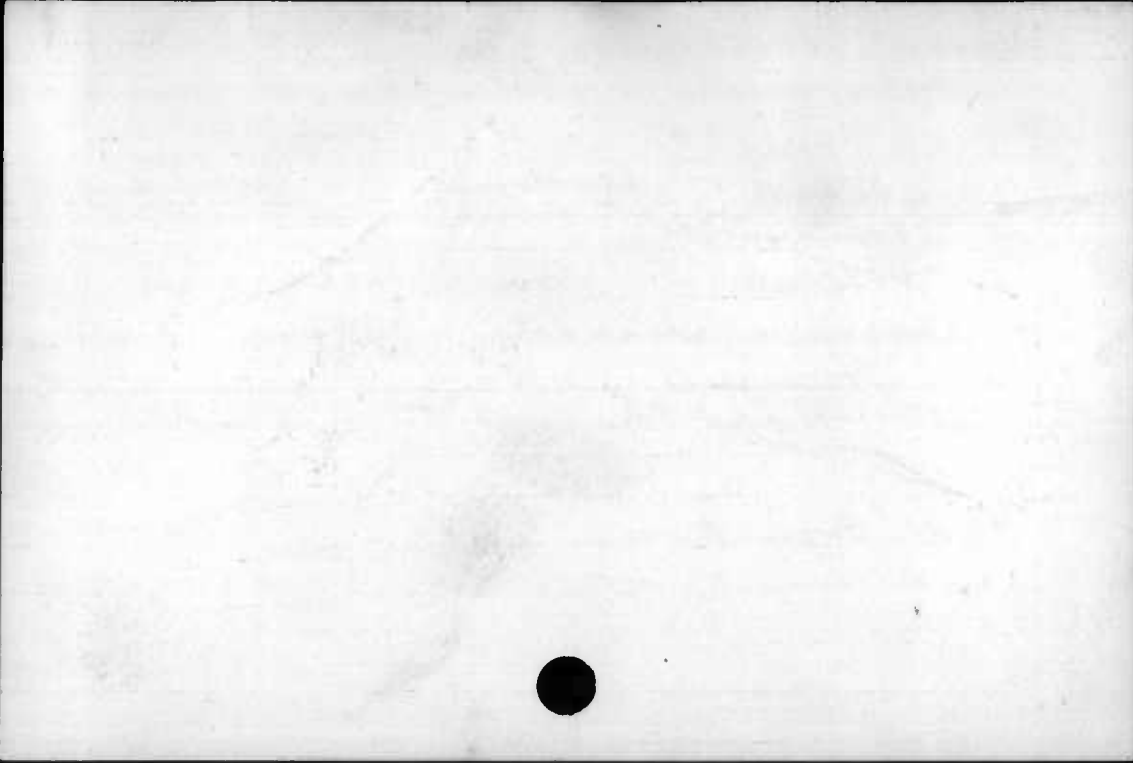
|                                   |             |       |                         |                                         |            |             |          |
|-----------------------------------|-------------|-------|-------------------------|-----------------------------------------|------------|-------------|----------|
| Died at                           |             | Town  |                         | County                                  |            | MARYLAND    |          |
| Date of death                     | 1908        | Month | march                   | Day                                     | 21         | Age         | Years 80 |
| Sex                               | Male        |       | Color or Race           | Colored                                 |            | Birth-place | Virginia |
| Occupation                        | Laborer     |       |                         | Where Residing if not at place of death |            |             |          |
| Married, Single or Widowed        | Widower     |       | Name of Wife or Husband | maria White                             |            |             |          |
| Father's Name                     | Dont know   |       |                         | Father's Birthplace                     | Dont know  |             |          |
| Mother's Maiden Name              | Dont know   |       |                         | Mother's Birthplace                     | Dont know. |             |          |
| Name of person giving information | George Gray |       |                         | How related to deceased                 | None       |             |          |

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

|                                                                      |         |                        |                   |
|----------------------------------------------------------------------|---------|------------------------|-------------------|
| Primary                                                              | Old age | How long               |                   |
| Immediate                                                            |         | How long               |                   |
| Are the name, age, sex, color, date and place correctly given above? | yes     | Signature of Physician | Joseph W. Nichols |
|                                                                      |         | Address                | Bowie Md          |
| Accident or Suicide?                                                 | no      |                        |                   |



Name  
in  
Full

Louis William

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

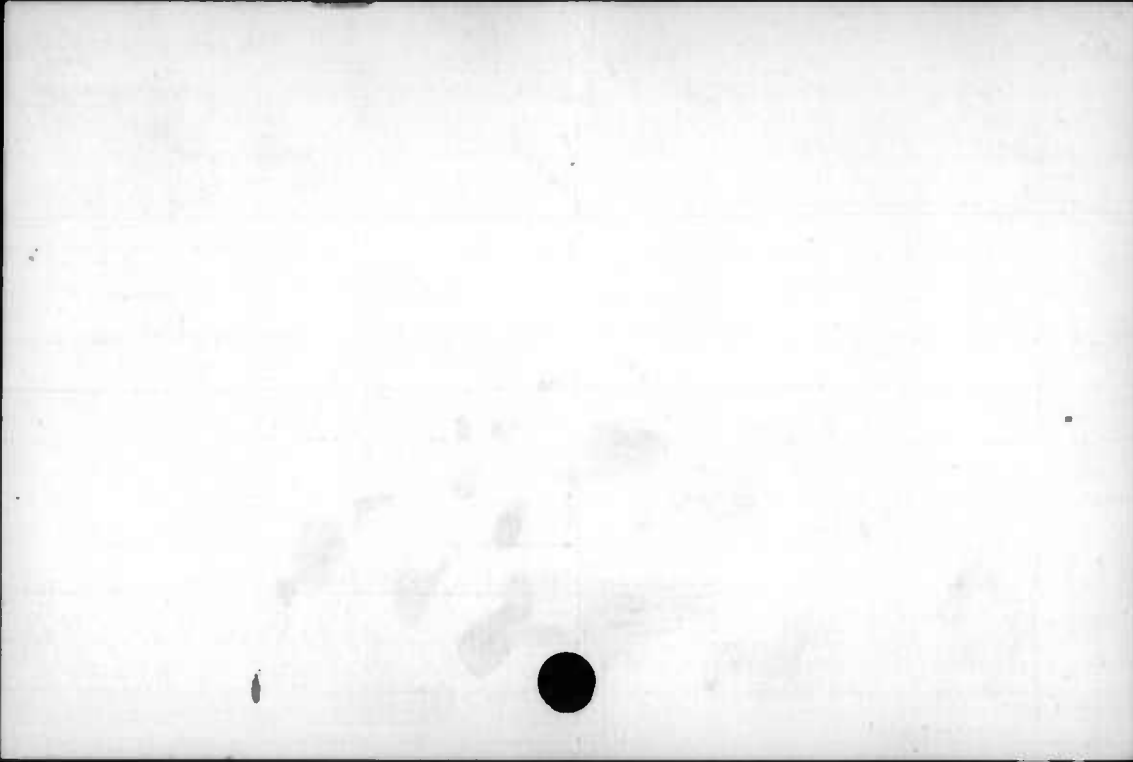
|                                                     |                              |                                               |                                         |               |       |                       |      |
|-----------------------------------------------------|------------------------------|-----------------------------------------------|-----------------------------------------|---------------|-------|-----------------------|------|
| Died at <i>Mitchelville</i>                         |                              | Town <i>Prince George</i>                     |                                         | County        |       | State <i>MARYLAND</i> |      |
| Date of death <i>1908</i>                           |                              | Month <i>March</i>                            | Day <i>8th</i>                          | Age <i>48</i> | Years | Months                | Days |
| Sex <i>Female</i>                                   | Color or Race <i>Colored</i> |                                               | Birth-place <i>Maryland</i>             |               |       |                       |      |
| Occupation <i>Housework</i>                         |                              |                                               | Where Residing if not at place of death |               |       |                       |      |
| Married, Single or Widowed <i>Widowed</i>           |                              | Name of Wife or Husband <i>Jacob Williams</i> |                                         |               |       |                       |      |
| Father's Name <i>Samuel Green</i>                   |                              | Father's Birthplace <i>Maryland</i>           |                                         |               |       |                       |      |
| Mother's Maiden Name <i>Muriette Oakley</i>         |                              | Mother's Birthplace <i>Maryland</i>           |                                         |               |       |                       |      |
| Name of person giving information <i>Robt Green</i> |                              | How related to deceased                       |                                         |               |       |                       |      |

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

|                                                                                 |                                              |                 |
|---------------------------------------------------------------------------------|----------------------------------------------|-----------------|
| Primary <i>Tuberculosis</i>                                                     | <i>Long</i>                                  | <i>6 months</i> |
| Immediate <i>Exhaustion</i>                                                     | <i>How long</i>                              | <i>2 days</i>   |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>A. J. Mitchell</i> |                 |
|                                                                                 | Address <i>Stuel, Md</i>                     |                 |
| Accident or Suicide? <i>—</i>                                                   |                                              |                 |



Name  
in  
Full

7-m A. Woodroe

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                  |                          |                                         |                         |        |
|-----------------------------------|------------------|--------------------------|-----------------------------------------|-------------------------|--------|
| Died at <u>Louisville</u> Town    |                  | <u>Pr. Louis.</u> County |                                         | MARYLAND                |        |
| Date of death                     | 1908             | Month                    | mech                                    | Day                     | 23     |
| Age                               | 19               | Years                    |                                         | Months                  | 3      |
| Sex                               | male             | Color or Race            | Colored                                 | Birth-place             | md.    |
| Occupation                        | Grand Boy.       |                          | Where Residing if not at place of death |                         |        |
| Married, Single or Widowed        | Single           | Name of Wife or Husband  |                                         |                         |        |
| Father's Name                     | Clarence Woodroe |                          |                                         | Father's Birthplace     | md.    |
| Mother's Maiden Name              | Amelia A. Berry  |                          |                                         | Mother's Birthplace     | md.    |
| Name of person giving information | Amelia A. Berry  |                          |                                         | How related to deceased | mother |

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

|                                                                      |                            |                        |               |
|----------------------------------------------------------------------|----------------------------|------------------------|---------------|
| Primary                                                              | <u>Overstrained heart.</u> | How long               | <u>11 ms.</u> |
| Immediate                                                            | <u>Exhaustion.</u>         | How long               |               |
| Are the name, age, sex, color, date and place correctly given above? |                            | Signature of Physician |               |
|                                                                      |                            | Address                |               |
| Accident or Suicide?                                                 |                            |                        |               |

John E. Sausbury  
Louisville  
md.

